EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE AND ATTITUDE REGARDING SELECTED BEHAVIOURAL PROBLEMS OF PRIMARY SCHOOL CHILDREN AMONG PRIMARY SCHOOL TEACHERS.

A DISSERTATION SUBMITTED TO
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IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE
DEGREE OF MASTER OF SCIENCE IN NURSING

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CERTIFICATE

This is to certify that, this thesis, titled **"A study to assess the effectiveness of structured teaching programme on knowledge and attitude regarding selected behavioural problems of primary school children among primary school teachers in selected school at Namakkal District",** submitted by **Ms.S.Nithya, II year M.Sc Nursing (2013 - 2015 Batch)** Arvinth College of Nursing in partial fulfillment of the requirement of the Degree of Master of Science in Nursing from the Tamilnadu Dr. M.G.R. Medical University in her original work carried out under our guidance.

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CHAPTER I
INTRODUCTION

BACKGROUND OF THE STUDY

"Children are the wealth of tomorrow;
Take care of them if you wish to have a strong India,
Everybody should be ready to meet the various challenges"
-Pandit Jawaharlal Nehru

Children are the greatest gift of God to humanity. They are like clay in the potter's hand. Handled with love and care, they become something beautiful or else they will break. Children are developing individuals, whose capacities and coping skills change markedly during childhood. The childhood is also a period of life, characterized by change, challenge and the necessity for adoption.

Primary school age is the period between 6-10 years. Early childhood is the critical period of behaviour formation. The school period is an exciting period of transition from limited language ability, primarily sensory motor engagement with the surrounding environment to mastery of communication, a high degree of motor activity and a significant competence in self regulation, expanding cognitive, behaviour and emotional changes and heightened ability to empathies with others.

Children are one third of our population and all of our future. In order to develop a health society, it is important that we have healthy Children. (Shetty 2009)

India has the highest number of children in the world. More than one third of the country's population is below 18 years. Approximately 40% of the total population is children.

Behavioural problem is a departure from normal behaviour beyond a point, to the extent behavioural problems can manifest themselves in many ways.

Behavioural problem is defined as "behaviour, thought or feelings differ quantitatively from the norm and as the result of this differences the child is either, suffering significantly or development is being significantly impaired. (David Cottrell 2011)

Warning signs of behaviour disorders include harming or threatening themselves and other people, damaging or destroying property, lying, stealing, not doing well in school, skipping of school.

Most of the behavioural problems in school children occur due to lack of parental knowledge, inconsistent discipline, over criticizing, neglect, problem between parents, siblings rivalry and bad habits of mothers during pregnancy.

Children who suffer from behaviour disorders are at higher risk for school failure, suicide and mental health problems.

Numerous behaviours considered appropriate at certain early developmental levels are obviously pathogenic when they present at later age. These behaviours are probably the result of frustration and anger. These abnormal behaviour will create problems not only for themselves but for others also. Behavioural problems that commonly occur during childhood conduct disorders, emotional disorders, attention deficit hyperactivitiy disorder and scholastic disorders. All young children can be naughty, defiant and impulsive from time to time, which is perfectly normal. However, some children have extremely difficult and challenging behaviours that are outside the norm for their age. The behaviour of some children and adolescent are hard to change. Children do not always display their reactions to events immediately although they may emerge later.

Children with 6-10 years of age spend most of their time in school. School is the place where growing children come to grips with their emotional integration into the larger society. Schools are aiming the full support of families and community to provide comprehensive mental health to the children. School can act as a safety net to protect the children from hazards that affect their learning and promote psychological well being of the children.

National policy of education in 1986 said that 75% of total school curriculum had been allotted to health education in teacher training course. They had a lack of co-ordination between state council of education, research, training and state school health bureau. So the teachers were not getting adequate training in health aspect.

The 9th conference of central council of health and central family welfare resolved that the teachers in primary and secondary classes should be trained to observe and screen the students for detect and deviation from normal physical and mental health to maintain effective surveillance. The supportive training programme can be planned for the teachers about prevention of behavioural problems and to develop desirable psychological wellbeing with the group and to the society.

The school is an institution in society specifically designed as the formal instrument for educating children. School should offer a safe and respectful learning environment for everyone. Mental health programmes in schools are effective in identifying the children with behavioural problems early and target them for intervention.

Teachers have often received some teaching in mental health programmes and problems of the children. This makes the teachers to become potentially well qualified in identification of behavioural problems among school children and planning the remedial mental health programmes. The mental health programmes help to improve the coping skills, decrease the stress and increase the behavioural support with the group for improvement of behaviour of school children.

Teachers need to use positive interactive approaches than responding to inappropriate behaviours. The teachers need to communicate care and concern rather than a desire to punish when reacting to inappropriate behaviours. The early detection and treatment of children with behavioural problems at early age may reduce treatment costs and improve quality of life of those children. Effective way of reducing behavioural problems can be through behavioural plan developed by parents, teachers, administrators and school staff and use positive interactive approaches that remove the inappropriate behaviour. The components include inform people what is expected, avoid threats, build self confidence, use positive modeling and provide positive learning environment.

Teachers spend most of their day time in the classroom .So the teachers are capable person to identify the psychosocial problems and high risk of behavioural problematic children. The teacher will promote psychological competencies like decision making, problem solving, critical and creative thinking, interpersonal

relationship skills, self awareness, empathy and skills for coping with emotional stress among school children.

NEED FOR THE STUDY

"Whatever they grow up to be, they are still our children, and the one most important of all the things we can give to them is unconditional love. Not a love that depends on anything at all except that they are our children".

-Rosaleen Dickson

In worldwide, the prevalence rate of behavioural problems is 15% and 12.2% conduct disorder, 9.5% attention deficit hyperactivity disorder, 8.3% emotional disorders, 0.4% scholastic disorders, 1.5% adjustment disorder, 1% pervasive developmental disorder.

In India, the prevalence rate of behavioural problems is 43.1% and 14.5% conduct disorder, 29.7% attention deficit hyperactivity disorder, 12.5% emotional disorder, 7.1% scholastic disorders, 2% adjustment disorder, 9.5% pervasive developmental disorder.

In Tamilnadu state, the prevalence rate of behavioural problems is 72.2%and 9% conduct disorder, 33% attention deficit hyperactivity disorder, 8%emotional disorder, 7.1% scholastic disorder, 5% adjustment disorder,1% pervasive development disorder.

In Namakkal District, the prevalence rate of behavioural problems is 60%.The common behavioural problems were 87%conduct disorder, 47% attention deficit hyperactivity disorder, 23% emotional disorder, 0.41% scholastic disorder, 1.58% adjustment disorder, 1.38% pervasive developmental disorder.

Incidence of behavioural problems in school children

S. No	Behavioural problems	India	Maharashtra	Pune
1.	Antisocial behaviour	1340000	57000	12400
	Stealing	278000	19800	1113
	Lying	748000	25600	10119
2.	Sleep disorder	238000	24000	530
3.	School phobia	524000	199000	1275
4.	Temper Tantrum	2760	559	54
5.	Pica	1167	418	132

Common behavioural problems of primary school children 6-10 years of age were 15.82% conduct disorder, 10.2% attention deficit hyperactivity disorder, 8% oppositional defiant disorder, 4% separation anxiety disorder, 9% nail biting, 7.7% thumb sucking, 6% bed wetting, 7% food fad, 3.2% temper tantrum.

Millions of children suffer from conduct disorder, learning disorder, attention deficit hyperactivity disorder and attachment disorder. Conduct disorder is one of the most frequently diagnosed disorder of childhood and adolescence. Currently 1 to 4 million children and adolescents have conduct disorder in United States.

Behavioural problems among children may be due to genetic factors, psychological factors or environmental factors of the particular child. General practioners, community practioners including teachers are seeing may children with behavioural problems. Many of the problems are curable, if they are identified early.

School teachers are the most important person in whom a child sees "parent figure" away from home. The teacher has tremendous influence on the child because of the "emotional bonding" that takes place between the teacher and the public. Many children accept their teachers and their opinions and consider them to be "role model". This resource and influencing factor must be tapped in the wider context of the situation. The teachers need to help the children to cope with health and illness (Antony 1990).

The teacher could identify the high risk population and psychosocial problems among children. "Risk taking behaviours such as aggression, stealing, lying and life endangering adventures may be an early indication of children facing problems". (Dr. R. Parthasarathy, 2000).

Schools are unique position to identify maladjustment among children. The children learn more in school whatever if it is good or bad along with the peer group than in home. Teachers play a major role in teaching good thing and identifying the wrong and correcting them in appropriate way. In addition to the regular subjects, teachers can educate or train the children towards learning the life dealing, decision making, problem solving, creative, thinking, effective communication, interpersonal relationship skills, empathy and skills for coping with emotional stress.

The investigator observed during the clinical experience some of the children have shown the fear of going to school and they acted antisocially by breaking other's things and furniture. The investigator again felt that these problems can be prevented with the help of teachers by early identification of behavioural problems. The school teachers must play a vital role in changing the student's behaviours in a right way, because today's children are tomorrow's citizens. "The mother is the first teacher; the teacher is the second mother" as per this citation, the teachers are the influential person to develop and change student behaviour in an expected manner. The nursing personnel should take responsibility to update knowledge of teachers should be trained in the aspects of psycho – social , emotional development of children ,early identification of behavioural problem and coping strategies to manage the children with behavioural problems. So, the investigator felt it is best and very effective to teach the school teachers regarding behavioural problems of primary school children. So, the investigator planned to evaluate the effectiveness of structured teaching programme on knowledge of primary school teacher regarding selected behavioural problems of primary school children.

STATEMENT OF THE PROBLEM

A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE AND ATTITUDE REGARDING SELECTED BEHAVIOURAL PROBLEMS OF PRIMARY SCHOOL CHILDREN AMONG PRIMARY SCHOOL TEACHERS IN SELECTED SCHOOL AT NAMAKKAL DISTRICT.

OBJECTIVES

1. To assess the pretest knowledge regarding selected behavioural problems of primary school children among primary school teachers.
2. To assess the pretest attitude regarding selected behavioural problems of primary school children among primary school teachers.
3. To assess the effectiveness of structured teaching programme on selected behavioural problems of primary school children.
4. To correlate the knowledge and attitude regarding selected behavioural problems of primary school children among primary school teachers.
5. To find the association between posttest knowledge and attitude regarding selected behavioural problems of primary school children among primary school teachers with their selected demographic variables.

HYPOTHESES

H_1: There will be significant difference between pre and post test knowledge and attitude score regarding selected behavioural problems of primary school children among primary school teachers.

H_2: There will be significant association between post test knowledge and attitude score with selected demographic variables.

OPERATIONAL DEFINITION

Assess

Evaluate the level of knowledge and attitude of primary school teachers regarding selected behavioural problems of primary school children.

Effectiveness

It refers to significant gain in knowledge and positive attitude as determined by significant difference between pre and post test knowledge and attitude score.

Knowledge

It refers to the correct response of the primary school teachers to the items on selected behavioural problems of primary school children and assessed by structured knowledge questionnaire.

Level of Knowledge	**Score**
Inadequate	Below 50
Moderately Adequate	50-75
Adequate	Above 75

Attitude

It refers to expressed opinion of primary school teachers regarding selected behavioural problems of primary school children.

Level Of Attitude	**Score**
Unfavorable Attitude	Below 50
Favorable Attitude	50-75
Most Favorable Attitude	Above 75

Structured Teaching Programme

It is the systematically organized, well planned teaching programme which includes introduction, definition, incidence, classification, signs and symptoms,

diagnosis, management of i) Conduct disorder ii) Attention deficit hyperactivity disorder and teaching power point presentation visual aids designed for primary school teachers.

Primary School Teachers

Teachers who are currently teaching the classes from I to V standard with the qualifications of D. Ed, B. Ed, M. Ed in Modern Academy Matriculation School at Pudhupatty, Namakkal.

Primary School Children

Children who are at the age group of 6-10 years and studying from I to V standard in Modern Academy Matriculation School at Pudhupatty,Namakkal.

Behavioural Problems

It refers to a behaviour that goes to an extreme level. There are many behavioural problems in primary school children. As per this study, i) Conduct disorder, ii) Attention deficit Hyperactivity disorder are considered as behavioural problems.

ASSUMPTIONS

1) Primary School teachers will have varying level of knowledge regarding selected behavioural problems of primary school children.
2) Structured teaching programme will enhance the knowledge and attitude of primary school teachers regarding selected behavioural problems of primary school children.
3) Knowledge regarding behavioural problems will develop positive attitude among primary school teachers to find out the students who have behavioural problems.

DELIMITATIONS

The study is limited to the primary school teachers,

- Who are taking class for I to V Standard.
- Who are willing to participate in the study.
- Who are available at the time of data collection.

PROJECTED OUTCOMES:

- The study will improve the knowledge and attitude regarding selected behavioural problems of primary school children among primary school teachers
- The study will help to find out the problematic children.
- This study helps for the future reference.

CHAPTER II
REVIEW OF LITERATURE

Review of literature is a broad systematic and critical collection and evaluation of important scholarly published literature as well as unpublished materials.The review serves as evidence and essential background for any research (Basavanthappa, 2004)

Review of literature is critical summary of research on a topic of interest generally prepared to put a research problem is content to identify gaps and weakness is prior studies so as to justify a new investigation (Polit and Beck, 2010)

A literature review involves the systematic identification, location, scrutiny and summery of written material that contains information on research problem (Polit and Hungler, 2006)

It has two parts

Part – I: Review of literature

Part –II: Conceptual framework.

PART – I REVIEW OF LITERATURE

Section-A: Studies related to behavioural problems of primary school children.

Section-B: Studies related to knowledge and attitude regarding behavioural problems of primary school children.

Section-C: Studies related to effectiveness of structured teaching programme on behavioural problems of primary school children.

SECTION-A: STUDIES RELATED TO BEHAVIOURAL PROBLEMS OF PRIMARY SCHOOL CHILDREN

Gupta, G.V.S, (2014) conducted a study on prevalence of behavioural problems of school going children in Ludhiana, India. The study included 957 school children was assessed the behavioural problems by using Rutter B Scale, which was to be completed by the class teachers. Based on the screening instrument results and parental interview, it was found that 45.6% of the children were estimated to have behavioural problems, of which 36.5%had significant problems.

Agalya. L, (2014) conducted a Prevalance study of behavioural problems in primary school children,a Rural setting,in India. In this cross- sectional study, 198 children, 114 boys and 84 girls between 6 and 12 years of age, were rated on Achenbach Child Behavior Checklist (CBCL 6-12years) - Teacher Rating Form (TRF), by his/her class teacher. Behavioural and emotional disorders in children include internalizing symptoms which affect the self and externalizing symptoms that impact others and the environment.The prevalence rate for behaviour/emotional problems was found to be 63.7% as per Achenbach's cutoff scores. Community studies done in India on behavioural disorders in children and adolescents showed the prevalence figures varying from 2.6% to 35.6%.The mean CBCL score in this study was 50.54 with a S.D of 19.403.

Taghreed Farahat, et.al, (2014) conducted a prevalence study of Attention-deficit hyperactivity disorder among primary school children in Menoufia Governorate, Egypt. A cross-section comparative study was conducted in a randomly selected four primary schools in Menoufia governorate, Egypt. All children after a valid consent of their parents (*N*. 1362) were subjected to complete history taking, medical and psychological assessment, and IQ estimation. Their parents and teachers were subjected to the corresponding Arabic forms of Conner's questionnaire. Suspected cases were confirmed and categorized by DSM-IV criteria. The sample was divided into cases and controls to study the risk factors. Prevalence of ADHD was 6.9% and the male and female ratio was 3.5 : 1. The main risk factors were neonatal problems (OR = 4.3), family history of psychiatric and medical illnesses (OR = 3.5 and 2.8), and male gender (OR = 2.9). Prevalence of ADHD among Menoufia school children was 6.9%. Dealing with its risk factors is mandatory for prevention, early management, and better outcome.

Venkata JA, et.al, (2013) conducted a prevalence study of Attention Deficit Hyperactivity Disorder in primary school children. This is a cross sectional study of school aged children selected from four different schools in Coimbatore district. Seven hundred seventy children aged between 6 and 11 years were selected from four schools in Coimbatore district after obtaining informed consent from their parents. The presence of ADHD was assessed by using Conner's Abbreviated Rating Scale (CARS) given to parents and teachers. The children identified as having ADHD

were assessed for the presence of any co-morbid factors by administering Children's Behavioural Questionnaire (CBQ) to the teachers and Personal Information Questionnaire to the parents. Statistical Product and Service Solutions (SPSS) 10 software, Mean and Standard Deviation, and student's t test were used for statistical analysis. The prevalence of ADHD among primary school children was found to be 11.32%. Prevalence was found to be higher among the males (66.7%) as compared to that of females (33.3%). The prevalence among lower socio-economic group was found to be 16.33% and that among middle socio-economic group was 6.84%. The prevalence was highest in the age group 9 and 10 years. The present study shows a high prevalence of ADHD among primary school children with a higher prevalence among the males than the females.

Salwa SM, et.al, (2011) conducted a cross-sectional study to find out the prevalence rate of behavioural disorders and emotional disorders among school children at Baquba city during educational year 2010-2011.1500 school children of both male and female were selected by random sampling technique. Revised Rutter Scale (RRS) was used for identification and measurement of behavioural disorders. It was found that 24.6% of school children had behavioural disorders and 13.8% had conduct disorders and 10.8% had emotional disorders.

SECTION - B STUDIES RELATED TO KNOWLEDGE AND ATTITUDE ON BEHAVIOURAL PROBLEMS OF PRIMARY SCHOOL CHILDREN.

Deelip Natekar, **(2014)** conducted a descriptive study to assess the knowledge of primary school teachers regarding behavioural problems and their prevention among children in selected Government primary schools at Bangalore.50 primary school teachers were selected by purposive sampling technique. Descriptive survey approach was adopted and structured questionnaire was used to collect the data. The collected data was analyzed by using differential statistics and the results shows that 46% of primary school teachers had less knowledge regarding prevention of behavioural problems among children.

M.Kalaivani, et.al, (2014) conducted a descriptive study to assess the knowledge on preschool behavioural problems among mothers at Kollapatti, Namakkal.30 mothers were selected by non probability convenient sampling technique. The tool used for gathering data was structured knowledge questionnaire to

assess the mothers knowledge. The result shows that all the mothers (100%) had inadequate knowledge regarding preschool behavioural problems.

G. Mala, et.al, (2013) conducted a comparative study between the urban and rural school teachers knowledge regarding the selected behavioural problems of school children in selected schools at Choolai & Nandhivaram.100 & 50 teachers selected from urban and rural area by multistage and cluster random sampling technique. A structured questionnaire was used to assess the knowledge of teachers. The findings of this study reveal that the urban school teachers have more knowledge than the rural school teachers. The overall knowledge score shows that both of them have inadequate knowledge on the selected behavioural problems among school children.

Hala A Malik Al- itakeem et al, (2013) conducted a cross sectional study to evaluate the knowledge and attitude of primary school teachers regarding attention deficit hyperactivity disorder in selected school at Bahrain. A sample of 160 teachers was randomly selected from a total of 4314primary school teachers, working in 114 government primary school in Bahrain. The tool used to collect the data were structured knowledge questionnaire and attitude scale. The result shows that,84(53.2%)of the teachers had inadequate knowledge about attention deficit hyperactivity disorder.

V.P. Eranga, et.al, (2011) conducted a cross sectional study to assess the knowledge and attitude towards attention deficit hyperactivity disorder among primary school teachers in Gampaha district, Srilanka.210 primary school teachers were selected by stratified sampling method. The knowledge and attitude of primary school teachers on Attention deficit hyperactivity disorder were assessed by a self administered questionnaire. The majority showed good understanding about ill effects of Attention Deficit Hyperactivity Disorder. Three fourth had a positive attitude towards behavioural therapy.

SECTION-C: STUDIES RELATED TO EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON BEHAVIOURAL PROBLEMS OF PRIMARY SCHOOL CHILDREN.

Kapil Kumar, **(2014)** conducted a quasi experimental study to assess the effectiveness of planned teaching programme through booklet on knowledge of parents regarding selected emotional and behavioural problems of children in selected school at Jaipur.30 parents were selected by convenient sampling technique. The tool used for gathering data was structured questionnaire on knowledge regarding selected emotional and behavioural problems of children. The result shows that the mean post test knowledge score 16.13 was apparently higher than the mean pre test knowledge score 9.46 .The computed paired 't' value was 18.8 which was highly statistically significant at $P < 0.05$ level. This indicates that planned teaching programme through booklet was effective in increasing knowledge score of parents regarding selected emotional and behavioural problem of children.

Sandeep Garg, (2014) conducted a study to assess the effectiveness of structured teaching programme on knowledge regarding selected common behavioural problems of children among primary school teachers in selected school at vadodara.60 primary school teacher were selected by convenient sampling method. Self reportive structured interview tool was used to collect data. The result shows that in pretest primary school teachers were had average 49.40 % knowledge regarding selected common behavioural problems of children and mean score was 14.82 ± 3.372 and in post test, average 75.83% knowledge regarding selected behavioural problems of children and mean score was 22.75 ± 2.802. T calculated value is 33.233 which more than the tabulated value of 2.00 at 0.05 level of significance. This study concluded that structured teaching programme is effective tool to improve the knowledge of primary school teachers regarding selected common behavioural problems of children.

Shubhada Kale, (2014) conducted a study to assess the effectiveness of structured teaching programme on knowledge regarding behavioural problems of children(1-12 years) among mothers in selected urban slums . Pre - experimental one group pre-test post-test design was used for this study. The tool used for data collection was Knowledge assessment structured questionnaire on behavioural

problems and structured health teaching on behavioural problems of children. Findings of the study revealed that in pretest, majority 86.7% of the mothers had poor knowledge (Score 0-8) and 13.3% of them had average knowledge (Score 9-16). In post test, majority 71.7% of them had good knowledge (Score 17-25) and 28.3% of them had average knowledge (Score 9-16). The study concludes that there is significant difference in the pre-test and post-test knowledge scores. This indicates that the structured teaching programme is effective in improving the knowledge of subjects.

Pawan Sharma Jagject Kaur, (2014) conducted a quasi experimental study to assess the effectiveness of structured teaching programme on knowledge regarding behavioural problems of children among mothers at Ludhiana, Punjab. A sample of 60 mothers were kept 30 in experimental group and 30 in control group. Data was collected by self structured multiple choice questionnaire. Findings revealed that in pretest majority of mothers (50%) in both control and experimental group had average knowledge regarding behavioural problems of children. The mean post test knowledge score of control group is 7.47 and experimental group is 24.47and majority of mothers 66.66 % obtained below average post test knowledge score in control group and majority of mothers (93.33%) obtained excellent post test knowledge score in experimental group. Hence it was concluded that the structured teaching programme is an effective tool in improving the knowledge of mothers regarding behavioural problems of children.

Riya Anto, et.al, **(2014)** conducted a study to assess the effectiveness of self instructional module regarding childhood attention deficit hyperactivity disorder among school teachers in selected school at Bangalore. 50 primary school teachers were selected by convenient sampling technique. Data was collected by using structured knowledge questionnaire on childhood attention deficit hyperactivity disorder. The result showed that mean knowledge score of post test (22.44) was higher than the pre-test score (10.42) and the calculated value ($t = 24.36$) computed between pre-test and post-test was statistically significant ($p < 0.05$) .The self instructional module was effective in improving the knowledge of teachers regarding childhood attention deficit hyperactivity disorder.

Prashant B Patil, **(2014)** conducted a quasi experimental study to assess the effectiveness of structured teaching programme on knowledge and attitude of primary school teachers regarding selected behavioural problems in selected schools at Mangalore.60 primary school teachers were selected by convenient sampling method. The tool used to collect data were structured knowledge questionnaire and attitude scale. The results shows that the mean post test knowledge and attitude scores ($X_2 = 43.17$, $X_2 = 52.72$) was higher than the mean pretest knowledge and attitudes scores ($X_1 = 30.40$, $X_1 = 44.52$). The structured teaching programme was effective in increasing the knowledge and attitude of the teachers ($t = 14.34$, $t = 7.57$).There was a significant positive correlation between knowledge and attitude $r = 0.2227$ at 0.05 level of significance. There was a significant improvement in knowledge and attitude of teachers after structured teaching programme and hence it is found to be effective.

Sharmila, (2013) conducted a quasi experimental study to evaluate the effectiveness of structured teaching programme on knowledge regarding behavioural therapy for primary school children among school teachers in selected school at pallipalaiyam.30 primary school teachers were selected by non probability convenient sampling technique. The tool used for gathering data was structured knowledge questionnaire regarding behavioural therapy for primary school children. The result shows that the difference between mean pre test (16.48 ± 2.7273)and post test (29.88 ± 2.2373) knowledge scores of school teachers was found to be statistically significant at $P < 0.05$ level. It was found that structured teaching programme was very effective teaching method to increase the knowledge of school teachers.

Jayesh Patidar, (2013) conducted a quasi experimental study to assess the effectiveness of information booklet on knowledge of primary school teachers to identify the attention deficit hyperactivity disorder in selected school at Pune city.50 primary school teachers were selected by non probability convenient sampling technique. The tool used for gathering data was structured knowledge questionnaire regarding attention deficit hyperactivity disorder. The result shows that the mean post test score 16.24 was apparently higher than the mean pretest score 10.84.The calculated 't' value was 7.62 which was significantly higher than the table value 2.67 at 0.01 level .This clearly indicated that the level of knowledge in the post test score was higher than the pretest score. This shows that after administering the information booklet, there was effective in increase the knowledge level of teachers.

Susheel Kumar V. Ronad, (2013) conducted a quasi experimental study to evaluate the effectiveness of structured teaching programme on behavioural problems of school children among school teachers in selected school at Bangalore. 50 school teachers were selected by simple random sampling.The tool used for collected the data was structured knowledge questionnaire. The mean pretest knowledge score was 19.70 where as the post test mean score was 36.52.The calculated 't' value was 28.107 which was higher significant at $P < 0.001$.These finding shows that structured teaching programme was effective in enhancing the knowledge of school teachers regarding behavioural problem of primary school children.

Saraswathi K.N, (2012) conducted a study to assess the effectiveness of structured teaching programme on behavioural problems of school children among school teachers in selected schools at Bangalore.40 school teachers were selected by purposive sampling technique. The tool used to collect data were structured knowledge questionnaire to assess the knowledge. The comparison of pretest and post test knowledge scores on behavioural problems of school children shows that the 't' value was 28.51 which was highly statistically significant at $P < 0.05$. The mean post test score was 87.4%which was significantly higher than the pretest score 37.8%.The result shows that there is significant increase in the knowledge of school teachers regarding behavioural problems of school children and it was found that the effectiveness of structured teaching programme in terms of increase in knowledge score among school teachers.

Priyesh Bhanwara, (2011) conducted a quasi experimental study to assess the effectiveness of planned teaching programme on knowledge of school teachers regarding behavioural problems among school children in selected schools at Pune city. 60 school teachers were selected by convenient sampling method. The tool used to collect the data were structured knowledge questionnaire to assess the knowledge of school teachers. The result shows that in pretest majority (93.34 %) of the school teachers had average knowledge score whereas in post test majority (75%) of the school teachers had good knowledge score. There is a significant increase in knowledge of school teachers regarding behavioural problems among school children and it was found that the effectiveness of planned teaching programme in terms of increase in knowledge score among school teachers.

PART- II

CONCEPTUAL FRAMEWORK:

The conceptual frame work enables the researcher to create a distinct relationship between theoretical and empirical literature in addressing spiritual care in nursing practice (Christenson, 2007)

A conceptual framework is used in research to outline possible courses of action or to present a preferred approach to an idea (or) thought. It can act like maps that give coherence to empirical inquiry (paula.J.2006)

The present study aims at developing and evaluating structured teaching programme in terms of improving the knowledge and developing attitude regarding behavioural problems of primary school children.s

The conceptual model for the study was based on the general system theory by Ludwig Von Bertalanffy (1969). In this theory the main focus is on the discrete parts and their interrelationship.

Which consist of input, throughput and output. “System” as a complex interaction, which means that systems consist of two or more converted elements. Which from an organized whole and which interact with each other.

Input

It is the first phase in an system. Based on Ludwig Von Bertalanffy input can be a information, material or energy that enters the system.

In this study “input” is considered to be information related to selected behavioural problems among primary school children. It includes,

- Development of the structured questionnaire regarding selected behavioural problems among primary school children.
- Development of the structured teaching programme on selected behavioural problems.
- Validity, Reliability.

Through put

According to Ludwig Von Bertalanffy "through put" refers to the process by which the system processes input and release an output. In this study the through put considered for the processing the inputs are,

- Pilot study
- Pretest by using the structured questionnaire
- Administering structured teaching programme on selected behavioural problems
- Post test

Output

According to system theory "output" refers to energy, matter and information that leave a system. In the present study "output" is considered to be the gain in knowledge obtained through the processing of the post test. It will be received in the form of post test knowledge scores.

In this study, effectiveness of structured teaching programme is tested by inter related elements such as input, through put and output efficiency of the input such as structured teaching programme regarding selected behavioural problems will be assessed. The process of teaching as throughout will be assessed in terms of its effectiveness.

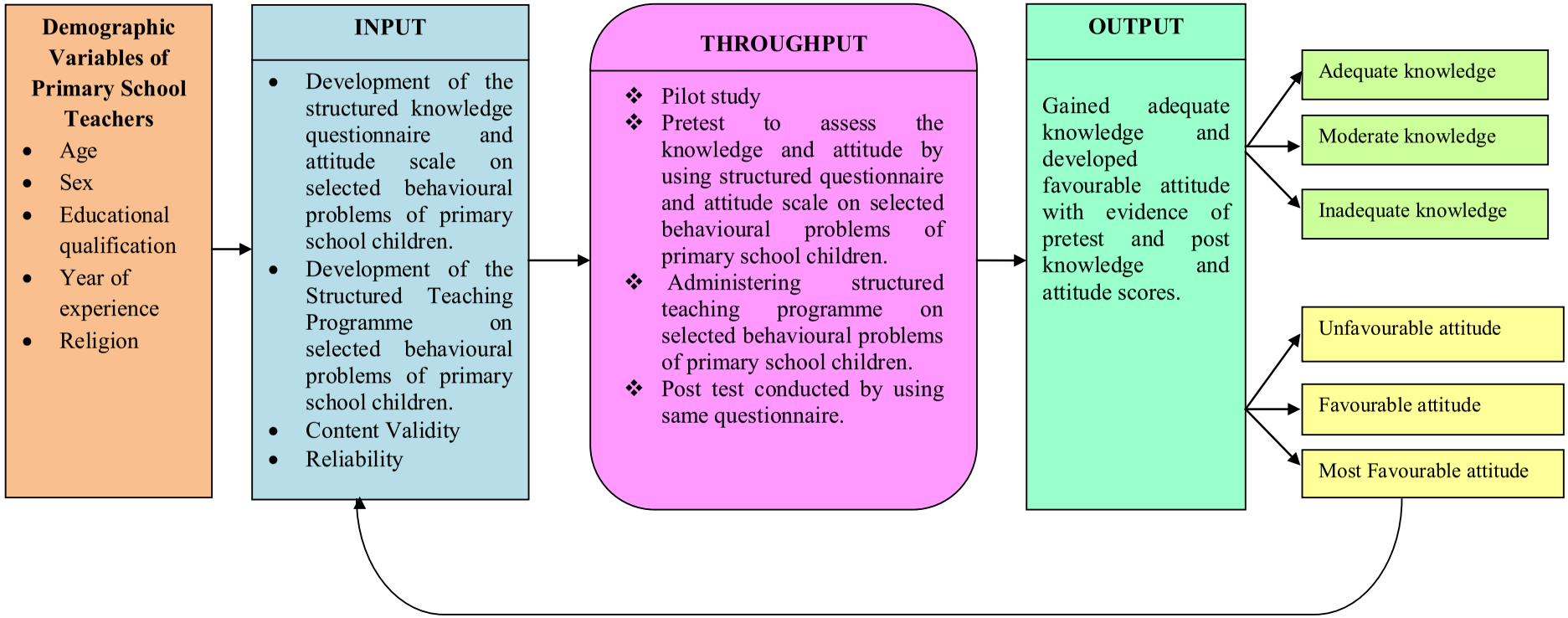


FIG-2.1 CONCEPTUAL FRAMEWORK BASED ON GENERAL SYSTEM THEORY BY LUDWIG VON BERTALANFFY, (1968)

CHAPTER III
METHODOLOGY

Methodology is a guide by the research to answer question or test hypothesis (Paul T.Lasard, 2004)

Research methodology is a way to solve the problems systematically. It indicates the general pattern of organizing the procedure for gathering the valid and reliable data for the purpose of investigation (Green, 2010)

This chapter deals with the method adopted for the study and includes the description of the research design ,setting of the study, variables, population, sample size, sampling technique, criteria for sample selection, description of the tool, method of data collection and plan for data analysis.

RESEARCH APPROACH

According to Polit and Hungler, evaluative research is an applied form of research that involves finding how well a programme, practice, procedure or policy is working. It involves the collection and analysis of information leading to the functioning of a programme or procedure with the aim of assessing its effectiveness**.**

The selection of research approach is a basic procedure for conducting research study. In view of the nature of the problem selected for the study and objective to be accomplished, evaluative research was considered an appropriate research approach for the present study.

The research approach used in this study is Quasi Experimental one group pretest and post test design. It is used to evaluate the effectiveness of the structured teaching programme. Here the dependent variable is measured at two points of time, before and after the intervention.

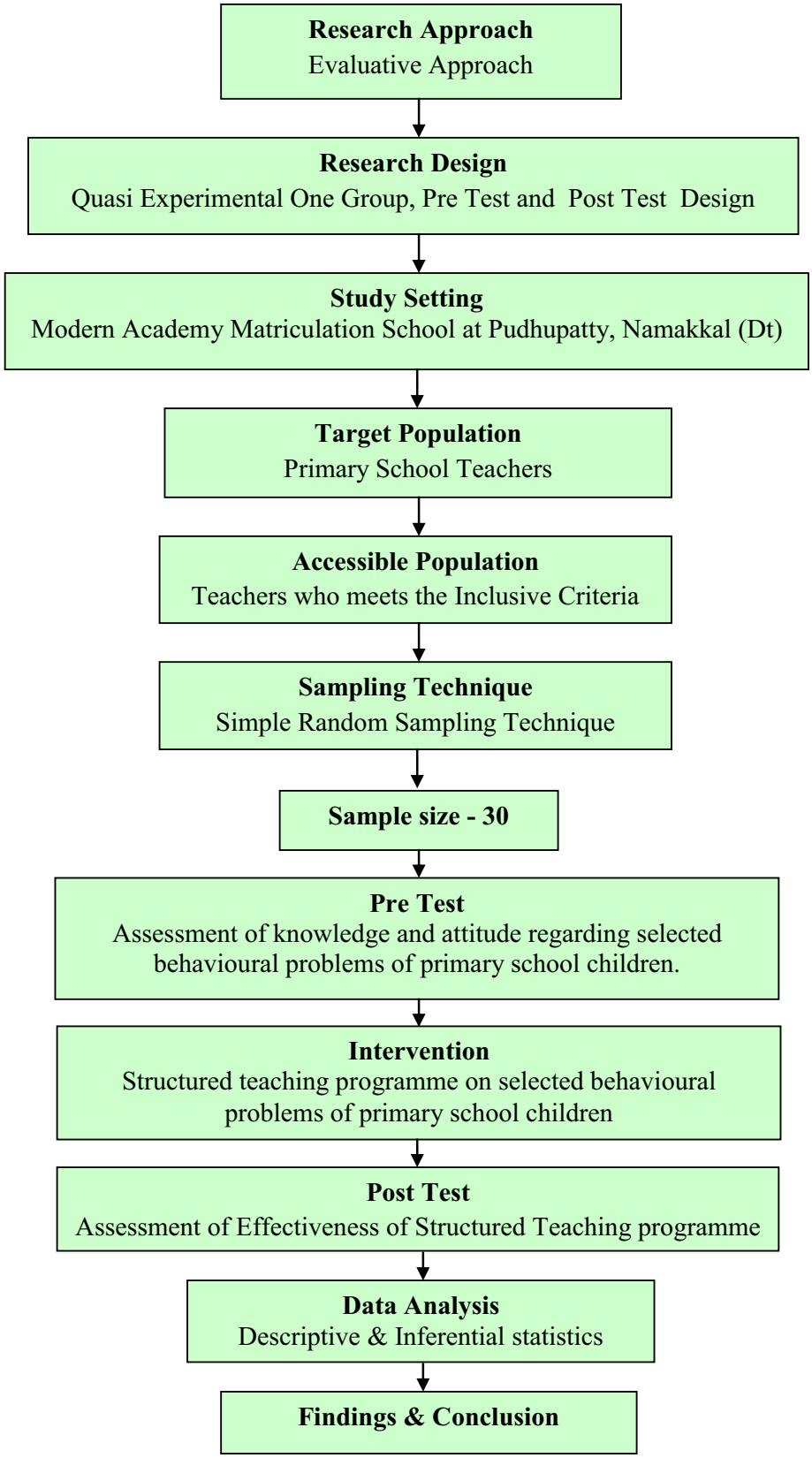
RESEARCH DESIGN

Research design is a blue print for conducting a study that maximizes control over factors that could interfere with the validity of the findings (Nancy burns, 2005)

Research design refers to researcher's overall plan, structure and strategy of investigations conceived so as to obtain answers to research questions and to control variance (Kerlinger, 2004)

The researcher adopted Quasi Experimental one group pretest and post test design. The study design depicted as below,

GROUP	PRETEST	INTERVENTION	POSTTEST
E	O_1	X	O_2
Primary school teachers	Knowledge and attitude regarding selected behavioural problems of primary school children among primary school teachers before administration of structured teaching programme.	Structured Teaching Programme on selected behavioural problems of primary school children.	Knowledge and attitude regarding selected behavioural problems of primary school children among primary school teachers after administration of structured teaching programme.



3.1 SCHEMATIC REPRESENTATION OF RESEARCH DESIGN

SETTING OF THE STUDY

Setting is the physical, location and condition in which the data collection takes place (Polit and Hungler, 2006)

The study was conducted in Modern Academy Matriculation School at Pudhupatty, Namakkal district, which is 12 km away from the Arvinth College of Nursing, Namakkal.35 numbers of female and 5male staffs are working in this school.

The selection of setting was done on the basis of feasibility of conducting the study with regard to time, geographical distance, permission from authorities and availability of the sample subjects.

VARIABLES

Variables are concept at different levels of abstractions that are concisely defined to promote their measurement or manipulation within the study.

Independent Variables

In this study independent variables refers to structured teaching programme on selected behavioural problems of primary school children.

Dependent Variables

In this study knowledge and attitude score of primary school teachers regarding selected behavioural problems of primary school children among primary school teachers.

POPULATION

The population is defined as the entire aggregation of cases that meet a designed set of criteria (Polit and Hungler1999)

Target Population

Refers to the population that the researcher wish to study and which the researcher makes a generalization. In this study target population is primary school teachers.

SAMPLE AND SAMPLE SIZE

Sample is the subset of population selected to participate in a research study. It is portion of the population which represents the entire population (Polit and Hungler, 2002).

Sample size was decided according to the objectives, resources available, nature of study, method of sampling followed, nature of respondents and other field conditions and nature of population.

In this study samples are 30 primary school teachers working in Modern academy matriculation school situated at Pudhupatty, Namakkal those who are fulfilling the inclusion criteria.

SAMPLING TECHNIQUE

Sampling technique is a process of selecting a portion of the population to obtain data regarding a problem.

Sampling technique adopted for this study was Simple Random sampling technique. The samples are selected by lottery method.

Each member of the population is assigned a unique number. Each number is placed in bowl and mixed thoroughly. From that picked up the lots and assigned a subject in order.

SAMPLING CRITERIA

Inclusion criteria

The study includes,

- Teachers who have qualification like D. Ed, B. Ed, and M. Ed.
- Teachers who are willing to participate in the study
- Teachers who have at least one month of teaching experience in primary school.

Exclusion criteria

The study excludes,

- ❖ Teachers who are not taking class for I to V standard.
- ❖ Teachers who are not available at the time of data collection.
- ❖ Teachers who are not willing to participate.

DEVELOPMENT OF THE TOOL FOR DATA COLLECTION

Treece and Treece, (2000) stated that the instrument selected in a research should as far as possible be the vehicle that would best obtain data for drawing conclusions pertinent to the study and add to the body of knowledge in the discipline.

DESCRIPTION OF THE TOOL

The tool consists of 3 sections,

Section- A:

It consists of demographic data such as age, sex, educational qualification, year of experience, and religion.

Scoring key:

Demographic data of the instrument not scored but used for descriptive analysis.

Section- B:

This section consists of structured self administered knowledge questionnaire which includes 30 Multiple choice questions to assess the knowledge regarding selected behavioural problems of primary school children among primary school teachers.

Scoring Key:

Knowledge Questionnaire consists of 30 multiple choice questions. Each correct answer carries one mark and wrong answer carries zero mark .The total score of knowledge was 10 marks.

For the purposes of study the level of knowledge was classified as follows

<50%	- Inadequate knowledge
50-75%	- Moderately adequate knowledge
>75%	- Adequate knowledge

Section- C:

A five point rating scale was prepared by the investigator to assess the attitude of primary school teachers regarding selected behavioural problems of primary school children. It consists of 10 statements. Each statement was scored in following manner.

Scoring key:

Each item has 5 options such as strongly agree, agree, uncertain, disagree, strongly disagree.

The scores for the positive item was 5 points for those who strongly agree, 4 points for those who agree,3 points for uncertain,2 points for those who disagree and 1 point for those who strongly disagree.

Maximum possible score was 50 and minimum was 10.

<50%	- Unfavorable attitude
50-75%	- Favorable attitude
>75%	- Most favorable attitude

CONTENT VALIDITY

Content validity refers to the extent to which measuring instrument provides adequate coverage of the topic under the study .Criteria rating scale for validation of the tool was developed with options like strongly agree, agree, disagree and need modification and suggestion from experts.

The tool was submitted to a pediatrician, psychiatrist and 3 expert in child health nursing department. Experts were asked to give their opinions and suggestions about the concept of the tool. Modifications were made as per experts opinion. These modifications were incorporated in the final preparation of the tool by the investigator.

RELIABILITY

The structured questionnaire was administered to 5 primary school teachers in Kalaimagal matriculation school at Namakkal. Reliability was tested by split half technique using spearman's formula. Reliability of knowledge was r=0.87 and attitude was r=0.84.This indicates that the tool was reliable. Since the computed correlation of knowledge and attitude scale was high, the reliability of the tool for the study was

established. Results revealed that there was a positive correlation. The tool was found feasible and practicable.

PILOT STUDY

Pilot study is a small scale version or trail run of the major study. The function of this to obtain information for improving the project and to assess its feasibility.

The investigator conducted a pilot study with 5 sample in Kalaimagal Matriculation School at Namakkal district in the month of March 2015. The pre test knowledge and attitude questionnaire was administered and structured teaching programme was conducted on the same day. We assessed the post test knowledge and attitude on 8^{th} day.

The investigator proceeded for the main study no modification was done in the methodology and tool.

PROCEDURE FOR DATA COLLECTION

Main study was conducted after obtaining formal permission from principal of Modern Academy Matriculation School at Pudhupatty, Namakkal. The data was collected during 01/04/2015 to 30/04/2015.

A total number of 30 primary school teachers who fulfilled the inclusive criteria were selected by simple random sampling technique. The investigator assured that the information given by them will be kept confidential and consent was obtained from primary school teachers. The pretest was conducted on 06.04.2015. In pre test the investigator collected the datas about demographic variables, knowledge and attitude on selected behavioural problems of primary school children. The structured teaching programme on selected behavioural problems of primary school children was conducted with the help of power point presentation on the same day approximately for 45 minutes to 1 hour. During that the doubts were clarified by investigator. Post test was conducted on 15.04.2015 after structured teaching programme by using the same knowledge questionnaire, attitude rating scale to find out the effectiveness of structured teaching programme on selected behavioural problems of primary school childrsen. Datas were screened on the same day for any omission.

PLAN FOR DATA ANALYSIS

Talbot (2001) designed data analysis as evaluation of information and to study variables, data analysis help the researcher to organize, summarize, evaluate interpret and communicate the numerical facts.

Data was analyzed on the basis of objective and hypothesis by using descriptive and inferential statistics.

1. Descriptive statistics was used to analyze the frequency, percentage, mean and standard deviation of the following variables.

- Demographic variables
- Knowledge
- Attitude

2. Inferential statistics was used to determine the comparison, relationship and association.

- Paired 't' test was used to find out the significance of the pretest and post test scores of knowledge and attitude of primary school teachers.
- Correlation co-efficient was used to find the relationship between knowledge and attitude.
- Chi-square test was used to find the association between post test knowledge and attitude score with their demographic variables.

CHAPTER IV
DATA ANALYSIS AND INTERPRETATION

Kerlinger (1995) defines analysis is the categorizing, ordering, manipulating and summarizing of data to obtain answers to research question. The purpose of analyzing is to reduce the data into interpretable form so that relations of research problem can be studied and tested.

This chapter deals with the analysis and interpretation of data collected from 30 primary school teachers in selected school at Namakkal District, to assess the effectiveness of structured teaching programme on knowledge and attitude regarding selected behavioural problems of primary school children among primary school teachers. The data collected for the study was grouped and analyzed as per the objectives set for the study. The findings based on the descriptive and inferential statistical analysis are presented under the following sections.

OBJECTIVES:

1. To assess the pretest knowledge regarding selected behavioural problems of primary school children among primary school teachers.
2. To assess the pretest attitude regarding selected behavioural problems of primary school children among primary school teachers.
3. To assess the effectiveness of structured teaching programme on selected behavioural problems of primary school children.
4. To correlate the knowledge and attitude regarding selected behavioural problems of primary school children among primary school teachers.
5. To find the association between posttest knowledge and attitude regarding selected behavioural problems of primary school children among primary school teachers with their selected demographic variables.

ORGANIZATION OF DATA

The findings of the study were grouped and analyzed under the following sections.

Section-A: Description of the demographic variables of primary school teachers.

Section-B: Assessment of pretest and post test level of knowledge and attitude regarding selected behavioural problems of primary school children among primary school teachers.

Section-C: Effectiveness of structured teaching programme on knowledge and attitude regarding selected behavioural problems of primary school children among primary school teachers.

Section-D: Relationship between post test knowledge and attitude score regarding selected behavioural problems of primary school children among primary school teachers.

Section-E: Association of post test level of knowledge and attitude regarding selected behavioural problems of primary school children among primary school teachers with selected demographic variables.

SECTION-A: DESCRIPTION OF THE DEMOGRAPHIC VARIABLES OF PRIMARY SCHOOL TEACHERS.

Table-4.1: Frequency and percentage distribution of demographic variables of primary school teachers **N = 30**

S.No	Demographic Variables	No.	%
1.	**Age in years**		
	<30 years	25	83.33
	31-40 years	5	16.67
	41-50 years	0	0.00
	>50years	0	0.00
2.	**Sex**		
	Male	1	3.33
	Female	29	96.66
3.	**Educational qualification**		
	Teacher training course	0	0.00
	Degree with teacher training	17	56.67
	Master degree with B.Ed.	12	40.00
	Master degree with M.Ed	1	3.33
4.	**Years of teaching experience**		
	<5 Years	28	93.33
	6-10 Years	2	6.67
	11-15 Years	0	0.00
	16-20 Years	0	0.00
5.	**Religion**		
	Hindu	27	90.00
	Muslim	2	6.67
	Christian	1	3.33
	Others	0	0.00
6.	**Do you have child psychiatry in your curriculum?**		
	Yes	15	50.00
	No	15	50.00
7.	**Do you know information regarding behavioural problems among primary school children?**		
	Yes	0	0.00
	No	30	100.00

The table 4.1 shows that majority 25 (83.33%) of primary school teachers were in the age group of < 30 years and 5 (16.67%) were in the age group of 31 to 40 years.

Majority 29 (96.66%) of primary school teachers were female and 1 (3.33%) were male.

With respect to educational qualification of the primary school teachers, Majority 17 (56.67%) possess degree with teacher training and 12 (40%) had master degree with B. Ed and only 1(3.33%) had master degree with M.Ed.

With regard to years of experience of primary school teachers, Majority 28(93.33%) had < 5 years of teaching experience and 2 (6.67%) had 6-10 years of teaching experiences.

With regard to religion of the primary school teachers, Majority 27(90%) were Hindus, 2 (6.67%) were Muslim and only 1 (3.33%) were Christian.

Considering the child psychiatry in curriculum of primary school teachers, 15(50%) had child psychiatry in curriculum and 15(50%) had no child psychiatry in their curriculum.

Analyzing the information almost 30 (100%) had no knowledge regarding behavioural problems of primary school children.

SECTION-B: ASSESSMENT OF PRETEST AND POST TEST LEVEL OF KNOWLEDGE AND ATTITUDE REGARDING SELECTED BEHAVIOURAL PROBLEMS OF PRIMARY SCHOOL CHILDREN AMONG PRIMARY SCHOOL TEACHERS.

Table-4.2: Frequency and percentage distribution of pretest and post test level of knowledge regarding selected behavioural problems of primary school children among primary school teachers.

N = 30

Knowledge	Inadequate (≤ 50%)		Moderately adequate (51 – 75%)		Adequate (>75%)	
	No.	%	No.	%	No.	%
Pretest	30	100.0	0	0	0	0
Post Test	0	0	4	13.33	26	86.67

The table 4.2 shows that in the pretest, almost all 30 (100%) had inadequate knowledge regarding selected behavioural problems of primary school children. whereas in the post test after imparting structured teaching programme majority 26 (86.67%) had adequate knowledge and 4 (13.33%) had moderately adequate knowledge regarding selected behavioural problems of primary school children among primary school teachers.

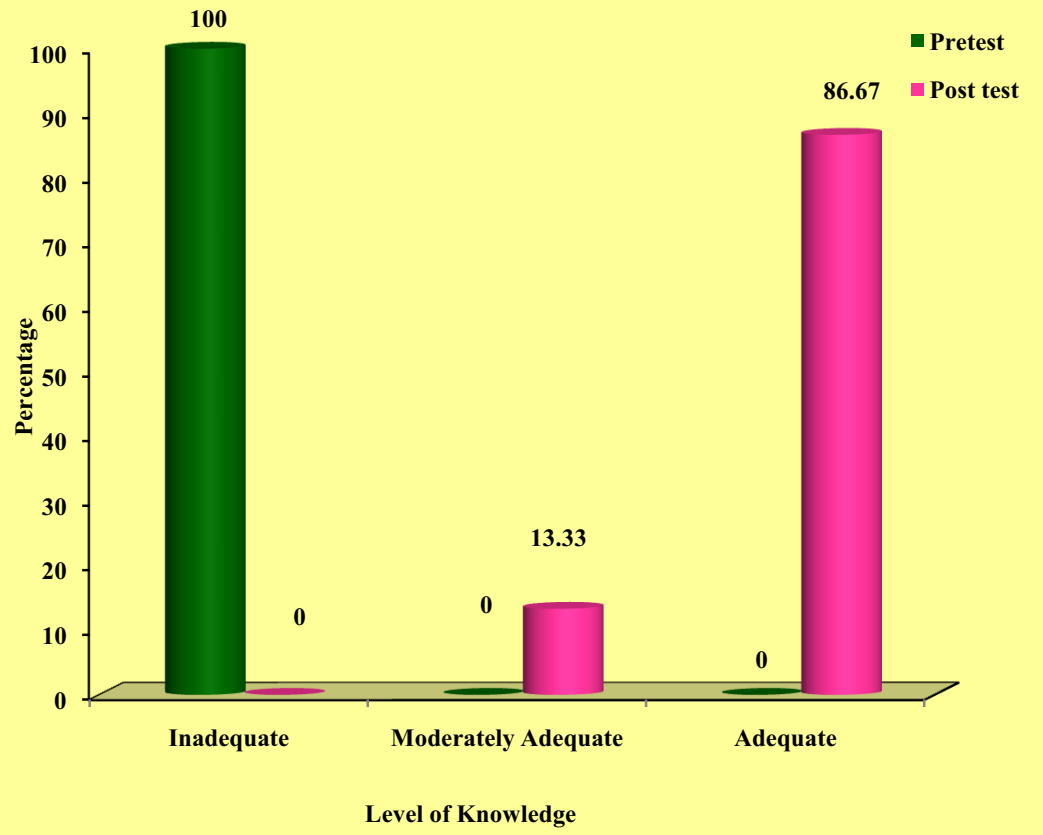


Fig:4.1 Percentage distribution of pretest and post test level of knowledge regarding selected behavioural problems of primary school children among primary school teachers

Table 4.3: Frequency and percentage distribution of pretest and post test level of attitude regarding selected behavioural problems of primary school children among primary school teachers

N = 30

Attitude	Unfavourable (< 50%)		Moderately Favourable (50 – 75%)		Favourable (>75%)	
	No.	%	No.	%	No.	%
Pretest	25	83.33	5	16.67	0	0
Post Test	0	0	5	16.67	25	83.33

The table 4.3 shows that in the pretest, majority 25(83.33%) had unfavourable attitude and 5(16.67%) had moderately favourable attitude regarding selected behavioural problems of primary school children. whereas in the post test after imparting structured teaching programme majority 25(83.33%) had favourable attitude and 5(16.67%) had moderately favourable attitude regarding selected behavioural problems of primary school children among primary school teachers.

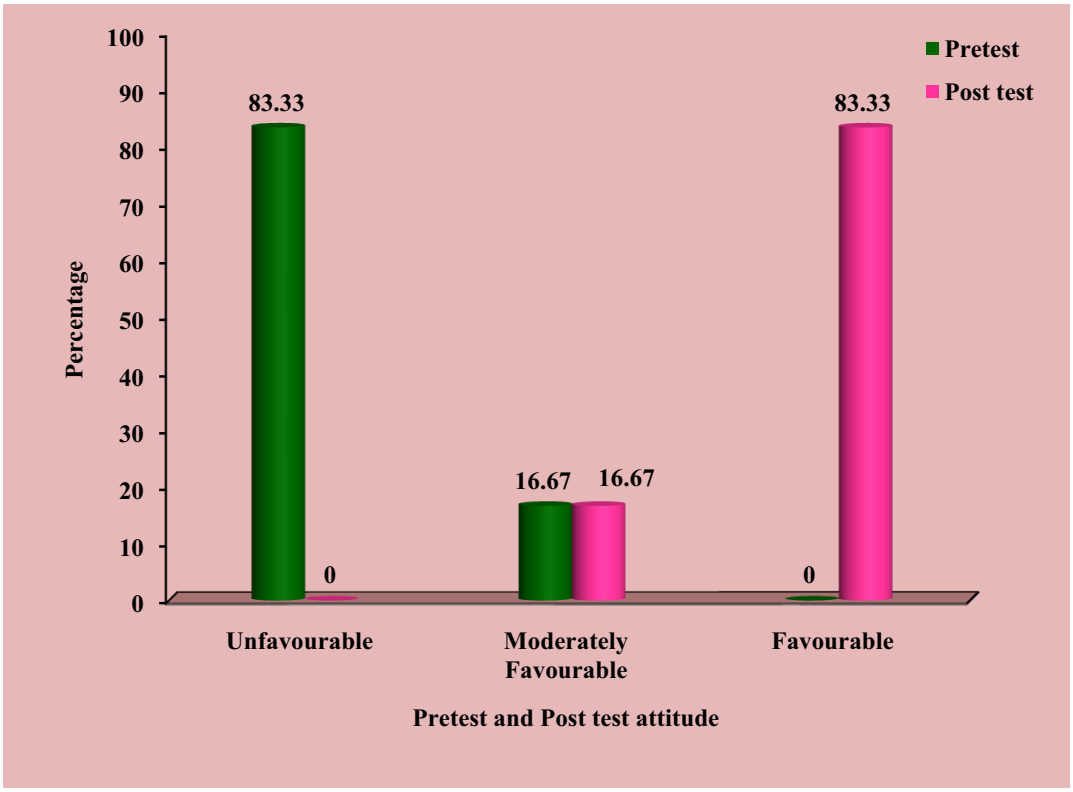


Fig:4.2 Percentage distribution of pretest and post test level of attitude regarding selected behavioural problems of primary school children among primary school teachers

SECTION-C: EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE AND ATTITUDE REGARDING SELECTED BEHAVIOURAL PROBLEMS OF PRIMARY SCHOOL CHILDREN AMONG PRIMARY SCHOOL TEACHERS.

Table -4.4: Comparison of pretest and post test knowledge scores regarding selected behavioural problems of primary school children among primary school teachers.

N = 30

Knowledge	Mean	S.D	Mean Improvement score	Paired 't' Value
Pretest	8.33	2.07	20.17	t = 29.088*** p = 0.000, S
Post Test	28.50	3.60		

***p<0.001, S – Significant

The table 4.4 shows that in the pretest, the mean score of knowledge was 8.33 with S.D 2.07 whereas in the post test the mean score of knowledge was 28.50 with S. D 3.60. The mean improvement score was 20.17. The calculated paired 't' value of t = 29.088 was found to be statistically significant at P < 0.001 level. This clearly shows that the structured teaching programme on knowledge regarding selected behavioural problems of primary school children among primary school teachers had significant improvement in their level of knowledge in the post test.

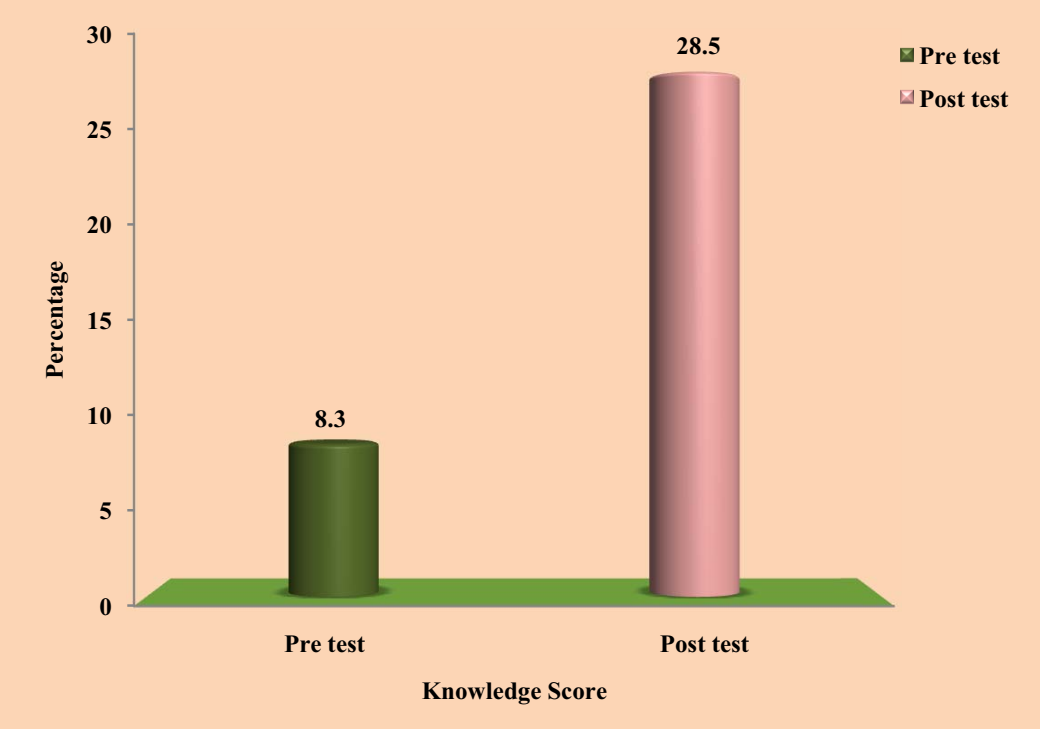


Fig:4.3 Comparison of pretest and posttest knowledge scores regarding selected behavioural problems of primary school children among primary school teachers.

Table 4.5: Comparison of pretest and post test attitude scores regarding selected behavioural problems of primary school children among primary school teachers .

N = 30

Attitude	Mean	S.D	Mean Improvement score	Paired 't' Value
Pretest	20.0	7.42	26.66	t = 26.718*** p = 0.000, S
Post Test	46.66	7.58		

***P < 0.001, S – Significant

The table 4.5 shows that in the pretest, the mean score of attitude was 20.0 with S.D 7.42 whereas in the post test the mean score of attitude was 46.66 with S.D 7.58. The mean improvement score was 26.66.The calculated paired 't' value of t = 26.718 was found to be statistically significant at P < 0.001 level. This clearly shows that the structured teaching programme on attitude regarding selected behavioural problems of primary school children among primary school teachers had significant improvement in their level of attitude in the post test.

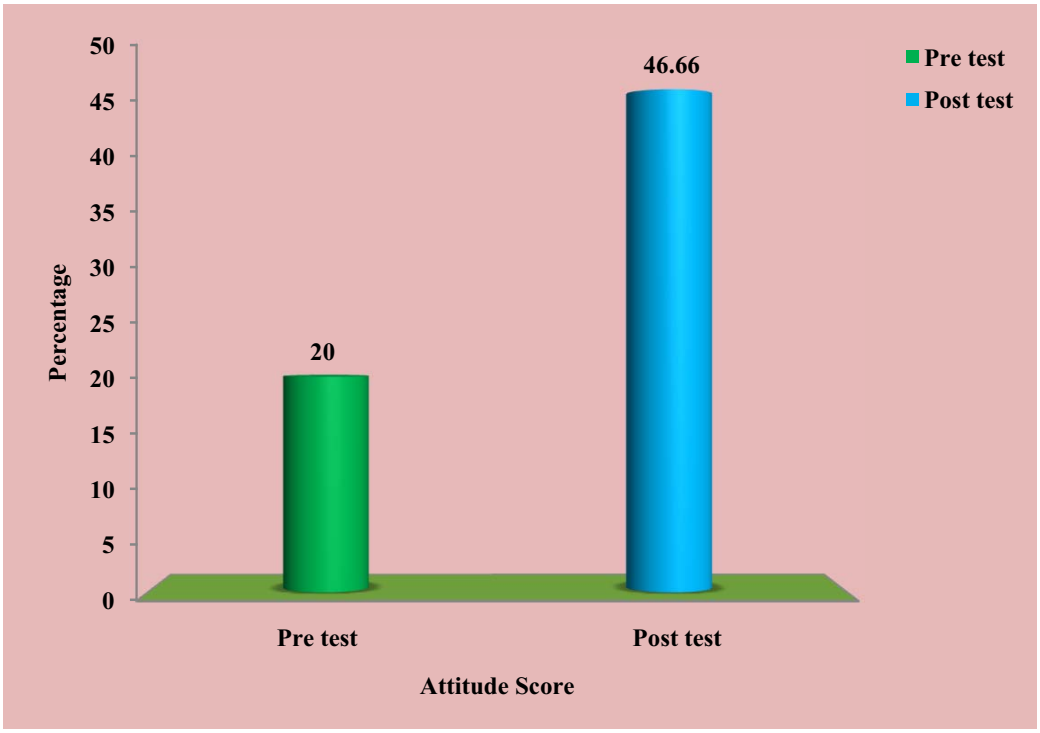


Fig:4.4 Comparison of pretest and post test attitude score regarding selected behavioural problems of primary school children among primary school teachers.

SECTION D: RELATIONSHIP BETWEEN POST TEST KNOWLEDGE AND ATTITUDE SCORE REGARDING SELECTED BEHAVIOURAL PROBLEMS OF PRIMARY SCHOOL CHILDREN AMONG PRIMARY SCHOOL TEACHERS .

Table-4.6: Correlation between post test knowledge and attitude scores regarding selected behavioural problems of primary school children among primary school teachers.

N = 30

Variables	Mean	S.D	'r' Value
Knowledge	28.50	3.60	r = 0.87
Attitude	46.66	7.58	p = 0.000, S**

**p<0.01, HS – Highly Significant

The table 4.6 shows that in the post test, the mean score of knowledge was 28.5 with S.D 3.60 and the mean score of attitude was 46.66 with S.D 7.58. The calculated Karl Pearson's correlation value of r = 0.87 between knowledge and attitude shows a positive correlation and it was found to be statistically significant at P<0.01 level. This clearly indicates that when the knowledge level regarding selected behavioural problems of primary school children among primary school teachers increases, their attitude level also increases in the post test.

SECTION E: ASSOCIATION OF POST TEST LEVEL OF KNOWLEDGE AND ATTITUDE REGARDING SELECTED BEHAVIOURAL PROBLEMS OF PRIMARY SCHOOL CHILDREN AMONG PRIMARY SCHOOL TEACHERS WITH SELECTED DEMOGRAPHIC VARIABLES.

Table-4.7: Association of post test level of knowledge regarding selected behavioural problems of primary school children among primary school teachers with their selected demographic variables. N = 30

S. No	Demographic Variables	Moderately Adequate (51 – 75%)		Adequate (>75%)		Chi-Square Value
		No.	%	No.	%	
1.	**Age in years**					$\chi^2 = 0.923$ d.f = 1 p = 0.337 N.S
	<30 years	4	13.3	21	70.0	
	31-40 years	0	0	5	16.7	
	41-50 years	-	-	-	-	
	>50years	-	-	-	-	
2.	**Sex**					$\chi^2 = 0.231$ d.f = 1 p = 0.631 N.S
	Male	1	3.3	4	13.3	
	Female	3	10.0	22	73.3	
3.	**Educational qualification**					$\chi^2 = 0.687$ d.f = 2 p = 0.709 N.S
	Teacher training course	-	-	-	-	
	Degree with teacher training	3	10.0	14	46.7	
	Master degree with B.Ed.	1	3.30	11	36.7	
	Master degree with M.Ed	0	0	1	3.3	
4.	**Years of teaching experience**					$\chi^2 = 2.493$ d.f = 1 p = 0.114 N.S
	<5 Years	3	10.0	25	83.3	
	6-10 Years	1	3.3	1	3.3	
	11-15 Years	-	-	-	-	
	16-20 Years	-	-	-	-	
5.	**Religion**					$\chi^2 = 0.513$ d.f = 2 p = 0.774 N.S
	Hindu	4	13.3	23	76.7	
	Muslim	0	0	2	6.7	
	Christian	0	0	1	3.3	
	Others	-	-	-	-	

N.S – Not Significant

The table 4.7 shows that the demographic variables had not shown statistically significant association with post test level of knowledge regarding selected behavioural problems of primary school children among primary school teachers.

Table -4.8: Association of post test level of attitude regarding selected behavioural problems of primary school children among primary school teachers with their selected demographic variables. N = 30

S. No	Demographic Variables	Moderately Favourable (51 – 75%)		Favourable (>75%)		Chi-Square Value
		No.	%	No.	%	
1.	**Age in years**					$\chi^2 = 1.200$ d.f = 1 p = 0.273 N.S
	<30 years	5	16.7	20	66.7	
	31-40 years	0	0	5	16.7	
	41-50 years	-	-	-	-	
	>50years	-	-	-	-	
2.	**Sex**					$\chi^2 = 0.048$ d.f = 1 p = 0.827 N.S
	Male	1	3.3	4	13.3	
	Female	4	13.3	21	70.0	
3.	**Educational qualification**					$\chi^2 = 1.376$ d.f = 2 p = 0.502 N.S
	Teacher training course	-	-	-	-	
	Degree with teacher training	4	13.3	13	43.3	
	Master degree with B.Ed.	1	3.3	11	36.7	
	Master degree with M.Ed	0	0	1	3.3	
4.	**Years of teaching experience**					$\chi^2 = 1.714$ d.f = 1 p = 0.190 N.S
	<5 Years	4	13.3	24	80.0	
	6-10 Years	1	3.3	1	3.3	
	11-15 Years	-	-	-	-	
	16-20 Years	-	-	-	-	
5.	**Religion**					$\chi^2 = 0.667$ d.f = 2 p = 0.717 N.S
	Hindu	5	16.7	22	73.3	
	Muslim	0	0	2	6.7	
	Christian	0	0	1	3.3	
	Others	-	-	-	-	

N.S – Not Significant

The table 4.8 shows that the demographic variables had not shown statistically significant association with post test level of attitude regarding selected behavioural problems of primary school children among primary school teachers

CHAPTER V
RESULTS AND DISCUSSION

The purpose of the study was to assess the effectiveness of structured teaching programme on knowledge and attitude regarding selected behavioural problems of primary school children among primary school teachers in selected school at Namakkal District. The results of the study were based on the statistical analysis. The data was collected with the help of structured questionnaire to assess the knowledge, five point scale was used to assess the attitude of primary school teachers. The effectiveness of structured teaching programme was assessed by using paired 't' test. Chi square was used to find out the association for knowledge and attitude with selected demographic variables. The results are provided according to the stated objectives.

The first objective was to assess the pre test knowledge regarding selected behavioural problems of primary school children among primary school teachers.

The level of knowledge regarding selected behavioural problems of primary school children among primary school teachers was assessed by using structured knowledge questionnaire. The sample size was 30.Table 4.2 shows the distribution scores on level of knowledge regarding selected behavioural problems of primary school children among primary school teachers. It denotes that in pre test, the level of knowledge on selected behavioural problems of primary school children among primary school teachers on analysis was 30 (100%) of primary school teachers had inadequate knowledge, whereas in the post test, majority 26(86.67%) of primary school teachers had adequate knowledge and 4 (13.33%) of primary school teachers had moderately adequate knowledge regarding selected behavioural problems of primary school children.

The second objective was to assess the pretest attitude regarding selected behavioural problems of primary school children among primary school teachers.

The level of attitude regarding selected behavioural problems of primary school children among primary school teachers was assessed by using five point

Likert scale. The sample size was 30.Table 4.3 illustrates the distribution scores on level of attitude regarding selected behavioural problems of primary school children among primary school teachers. It denotes that in the pretest, the level of attitude regarding selected behavioural problems of primary school children among primary school teachers on analysis was majority 25(83.33%) of primary school teachers had unfavourable attitude, 5 (16.67%) of primary school teachers had moderately favourable attitude and no one had favourable attitude , whereas in the post test , majority 25 (83.33%) of primary school teachers had favourable attitude and 5 (16.67%) of primary school teachers had moderately favourable attitude regarding selected behavioural problems of primary school children among primary school teachers.

The third objective was to assess the effectiveness of structured teaching programme on selected behavioural problems of primary school children among primary school teachers.

The 't' test was used to assess the effectiveness of structured teaching programme on selected behavioural problems of primary school children among primary school teachers. The table 4.4 shows that in the pretest, the mean score of knowledge was 8.33 with S.D 2.07 and in the post test the mean score of knowledge was 28.50with S.D 3.60.The mean improvement score was 20.17. The calculated paired 't' value of t=29.088 was found to be statistically significant at $P < 0.001$ level. This clearly shows that the structured teaching programme on knowledge regarding selected behavioural problems of primary school children among primary school teachers had significant improvement in their level of knowledge in the post test.

The table 4.5 shows that in the pretest, The mean score of attitude was 20.0 with S.D 7.42 and in the post test the mean score of attitude was 46.66 with S.D 7.58.The mean improvement score was 26.66.The calculated paired 't' value of $t = 26.718$ was found to be statistically significant at $P < 0.001$.This clearly shows that the structured teaching programme on attitude regarding selected behavioural problems of primary school children among primary school teachers had significant improvement in their level of attitude in the post test.

The fourth objective was to correlate the knowledge and attitude regarding selected behavioural problems of primary school children among primary school teachers.

The table 4.6 shows that in the post test, the mean score of knowledge was 28.5 with S.D 3.60 and the mean score of attitude was 46.66 with S.D 7.58. The calculated Karl Pearson's correlation value of r = 0.87 between knowledge and attitude shows a positive correlation and it was found to be statistically significant at P < 0.01 level. This clearly indicated that when the knowledge level regarding selected behavioural problems of primary school children among primary school teachers increases, their attitude level also increases in the post test. This shows that there is a positive relationship between knowledge and attitude of primary school teachers regarding selected behavioural problems of primary school children.

The fifth objective was to associate the findings with selected demographic variables of posttest knowledge and attitude regarding selected behavioral problems of primary school children among primary school teachers with their selected demographic variables.

Table 4.7 shows that the demographic variables had not shown statistically significant association with post test level of knowledge regarding selected behavioural problems of primary school children among primary school teachers.

Table 4.8 shows that the demographic variables had not shown statistically significant association with post test level of attitude regarding selected behavioural problems of primary school children among primary school teachers.

Interpretation of Hypothesis

H_1: There will be significant difference between pre and post test knowledge and attitude regarding selected behavioural problems of primary school children among primary school teachers.

The table 4.4 shows that in the pre test, the mean score of knowledge was 8.33 with S.D 2.07 and in the post test the mean score of knowledge was 28.50 with S.D 3.60.The mean improvement score was 20.17.The calculated paired 't' value of t=29.088 was found to be statistically significant at P < 0.001 level. The table 4.5 shows that in the pretest, the mean score of attitude was 20.0 with S.D 7.42 and in the post test the mean score of attitude was 46.66 with S.D 7.58.The mean improvement

score was 26.66. The calculated paired 't 'value of t = 26.718 was found to be statistically significant at P<0.001 level. So this hypothesis can be accepted.

Ramesh P. Adhikari (2013) conducted a quasi experimental study to assess the effectiveness of structured teaching programme on knowledge and attitude regarding selected behavioural problems of primary school children among primary school teachers in selected school at Bangalore. The tools used to collect data were structured questionnaire to assess the knowledge and rating scale to assess the attitude. The comparison of pre test and post test knowledge scores on selected behavioural problems shows that the 't' value was 26.28 which was a highly statistically significant at P< 0.001 level. The comparison of pre test and post test level of attitude of selected behavioural problems shows that the 't' value was 12.024 which was statistically significant at P < 0.001 level. There was a significant improvement in knowledge and attitude of primary school teachers on selected behavioural problems of primary school children after structured teaching programme and hence, it is found to be effective.

H_2: There will be significant association between post test knowledge and attitude score with selected demographic variables.

Table 4.7 shows that the demographic variables had not shown statistically significant association with post test level of knowledge regarding selected behavioural problems of primary school children among primary school teachers.

Table 4.8 shows that the demographic variables had not shown statistically significant association with post test level of attitude regarding selected behavioural problems of primary school children among primary school teachers. So this hypothesis can be rejected. Null hypothesis can be accepted.

Munilalitha B.K, (2013) conducted a cross-sectional study to assess the knowledge and attitude towards common behavioural problems of primary school children among primary school teachers. 600 samples were selected by stratified sampling method. The data collection instrument was questionnaire consists of demographic information, questions to assess knowledge and attitude. The results showed that the average knowledge score of subjects was 63.57 ± 10.79, and their average attitude score was 61.21 ± 12.73. In this study,10% of the subjects had poor

knowledge, 66%had moderate knowledge and 36.5% had good knowledge. Meanwhile, 83.5% of the primary school teachers had a positive attitude toward common behavioural problems of primary school children. The relationship between knowledge and attitudes score with demographic variable under study was not significant.

CHAPTER VI

SUMMARY, RECOMMENDATIONS, CONCLUSION, NURSING IMPLICATIONS AND LIMITATION

SUMMARY

The main focus of the study was to evaluate the level of knowledge and attitude regarding selected behavioural problems of primary school children among primary school teachers. The conceptual framework developed for the study was based on Ludwig Von Bertalanffy (1968). An extensive review of literature, professional experience and experts guidance helped the investigator to design the methodology. This study was conducted in Modern Academy Matriculation school at Pudhupatty, Namakkal. The population of the study was primary school teachers. Simple random sampling technique was used to select the sample. In this study Quasi Experimental one group pre test post test design was used.

The data was collected by using structured questionnaire and rating scale for knowledge and attitude in various aspects regarding selected behavioural problems of primary school children among primary school teachers. The 30 questionnaire included multiple choice questions and 10 attitude statements regarding selected behavioural problems of primary school children was used .The pilot study was conducted with 5 samples in Kalaimagal Matriculation school at Namakkal. The pilot study established practicability and feasibility. Hence, the investigator proceeded for the main study.

The main study was conducted in Modern Academy Matriculation school at Puthupatty, Namakkal. Data collection was done during 01.04.2015 to 30.04.2015.The purpose of the study was explained to each sample, the confidentiality of the subjects was assured and consent was obtained from the sample. The researcher selected the group by using Simple random sampling technique. The demographic variables were collected. Data collection was done by using structured questionnaire method. Pretest was conducted on 06.04.2015. In pretest the investigator administered structured questionnaire and rating scale to each sample to assess the knowledge and attitude regarding selected behavioural problems of primary school children among primary school teachers and structured teaching was conducted on the same day approximately for 45 minutes to 1 hour. Post test was

conducted on 15.04.2015after education to assess the knowledge and attitude by using the same questionnaire and rating scale to find the effectiveness of structured teaching regarding selected behavioural problems of primary school children among primary school teachers.

Descriptive and inferential statistics was used for comparison and association of pretest and post test structured teaching programme regarding selected behavioural problems of primary school children. Association was found by using Chi-square test. Paired 't' test was used to analyse the effectiveness of education regarding selected behavioural problems of primary school children among primary school teachers. It was found that 't' value was statistically significant. This shows that structured teaching programme was effective. The results of co-efficient correlation analysis revealed that there was positive relationship between knowledge and attitude regarding selected behavioural problems of primary school children among primary school teachers. So this study concluded that the structured teaching programme was effective in imparting knowledge and developing the positive attitude regarding selected behavioural problems of primary school children among primary school teachers.

RECOMMENDATIONS

Based on the findings the following recommendations are made.

1. A similar study may be conducted with large number of sample in different settings.
2. A comparative study can be conducted between rural and urban primary school teachers.
3. A true experimental study with experimental and control group can be conducted.
4. A similar study can be conducted through video teaching

CONCLUSION

The present study assessed the knowledge and attitude regarding selected behavioural problems of primary school children among primary school teachers. The results revealed that there was a significant difference in pre test and post test scores of knowledge and attitude and no significant association between knowledge and attitude with selected demographic variables.

The present study shows that majority 26(86.67%) of primary school teachers had adequate knowledge and 4(13.33%) of primary school teachers had moderately adequate knowledge. 25 (83.33) of primary school teachers had favourable attitude and 5 (16.67%) of primary school teachers had moderately favourable attitude on selected behavioural problems of primary school children. This shows that the structured teaching programme on selected behavioural problems of primary school children was effective.

There was a positive correlation between knowledge and attitude of primary school teachers regarding selected behavioural problems of primary school children. There was no significant association between knowledge and attitude with selected demographic variables.

NURSING IMPLICATIONS

The findings of the study has implications in different branches of Nursing Profession i.e., Nursing Practice, Nursing Education, Nursing administration and Nursing Research.

Nursing Practice:

- ✓ The nurses key role is to educate the teachers in early identification and reporting appropriately to the health professionals.
- ✓ The knowledge of behavioural problems, would equip the teachers to handle the situation carefully if encountered with situations.

Nursing Education:

- ✓ Conference, workshops and seminars can be held for teachers to impart update their knowledge.
- ✓ In-service education to update their knowledge and skills in various health care setting should be given.

Nursing Administration:

- ✓ The administrator should support the staffs to conduct programme on behavioural problems in school.
- ✓ Should provide education materials.

Nursing Research:

- ✓ The study will be useful for further reference.
- ✓ The results of the study help the teachers to identify the behavioural problems.
- ✓ Encourage the nurses for conducting research in various aspects regarding behavioural problems.

LIMITATIONS

- ✓ There was no control group.
- ✓ The sample size was limited to 30 primary school teachers.
- ✓ The study was limited only who are working in Modern Academy Matriculation School at Pudhupatty, Namakkal.

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APPENDIX I

LETTER SEEKING PERMISSION TO CONDUCT STUDY

From

Ms. Nithya. S,
II year MSc (Nsg)
Arvinth College of Nursing,
Namakkal.

Forwarded through,

Prof.Mrs.V.Kavitha, MSc(Nsg).,
Principal,
Arvinth College of Nursing,
Namakkal.

To

The principal,
Modern Academy Matriculation School,
Pudhupatti,
Namakkal.

Respected sir / Madam

Subject: Requesting permission to conduct study in school.

As a part of MSc Nursing requirement under the fulfillment of Tamilnadu Dr.M.G.R medical university. I am conducting a research on **"A study to assess the effectiveness of structured teaching programme on knowledge and attitude regarding selected behavioural problems of primary school children among primary school teachers in selected school at Namakkal District"**

Kindly do the needful

Thanking you

Date Yours faithfully,

APPENDIX II

LETTER SEEKING EXPERT'S OPINION FOR CONTENT VALIDITY

From ,

Ms. S.Nithya,

II year MSc (Nsg),

Arvinth College of Nursing,

2/191,Trichy main road, Ellaikalmedu,

Namakkal-20

To,

Through, Principal of Arvinth College of Nursing, Namakkal.

Respected Sir / Madam,

Sub: Requisition for expert opinion and suggestions for content validity of the tool.

I am M.Sc Nursing II year student of Arvinth College of Nursing, Namakkal affiliated to the Tamilnadu Dr.M.G.R Medical University, Chennai. As a partial fulfillment of M.Sc Nursing Programme, I am conducting a study on **"A study to assess the effectiveness of structured teaching programme on knowledge and attitude regarding selected behavioural problems of primary school children among primary school teachers in selected school at Namakkal District"**

Here with I am sending the development tool for content validity and for your expert opinion and possible suggestion. It will be very kind of you to return the same to the undersigned at the earliest possible.

Thanking you

Date: Yours faithfully,

Place: Namakkal.

S.Nithya.

APPENDIX III

LIST OF EXPERTS FOR CONTENT VALIDITY

1) Dr. D. Kannan. MBBS, MD (Pediatric),D.C.H
Government Head Quarters Hospital,
Namakkal.

2) Dr .P.Hemalatha MBBS, DPM,
Government Head Quarters Hospital,
Namakkal.

3) Mrs. Latha MSc (Nursing),
Professor,
Vivekananda Nursing College for women,
Sankagiri.

4) Mrs. K. Dhanalakshmi MSc (Nursing),
Reader,
PGP college of Nursing,
Namakkal.

5) Mrs.S.Indra , MSc (Nursing)
Reader,
Anbu College of Nursing,
Komarapalayam.

APPENDIX IV

INFORMED CONSENT REQUISITION FORM

GOOD MORNING

I Ms. S.Nithya ,II year M.Sc Nursing student from Arvinth College of Nursing, conducting **"A study to assess the effectiveness of structured teaching programmme on knowledge and attitude regarding selected behavioural problems of primary school children among primary school teachers in selected school at Namakkal District"** as a partial fulfillment of the requirement for the degree of M.Sc Nursing under the Tamilnadu Dr.M.G.R. Medical University.

I assure that the information provided by you will be kept confidential . So, I request you to kindly co-operate with me and participate in this study by giving your frank and honest responses to the questions being asked.

Signature of the investigator

APPENDIX V

LETTER SEEKING CONSENT OF THE SUBJECT FOR THE PARTICIPATION IN THE RESEARCH STUDY

I am voluntarily willing to participate in the study conducted by Ms. S. Nithya IIyear M.Sc Nursing student of Arvinth College of Nursing, on **"A study to assess the effectiveness of structured teaching programme on knowledge and attitude regarding selected behavioural problems of primary school children among primary school teachers in selected school at Namakkal District".** I will also co-operate with the researcher in providing necessary information. I explained the information provided would be kept in confidential and use only for above mentioned study purpose.

Signature of the Investigator	Signature of the Teacher
Place:	Place:
Date:	Date:

APPENDIX VI

CERTIFICATE FOR ENGLISH EDITING

TO WHOMSOEVER IT MAY CONCERN

This is to certify that the tool developed by Ms.S.Nithya II year M.Sc Nursing student of Arvinth College of Nursing for dissertation **"A study to assess the effectiveness of structured teaching programmme on knowledge and attitude regarding selected behavioural problems of primary school children among primary school teacher in selected school at Namakkal district",** edited for English language appropriateness by Mr.Shanmugavel, M.A. M.Phil.,

Signature

APPENDIX VII

CONTENT VALIDITY CERTIFICATE

Hereby, I certify that I have validated the tool of Ms.S.Nithya studying II year M.Sc.,Nursing course (Child Health Nursing Speciality) at Arvinth College of Nursing,Namakkal-Working on the dissertation of **"A study to assess the effectiveness of structured teaching programme on knowledge and attitude regarding selected behavioural problems of primary school children among primary school teachers in selected school at Namakkal District".**

Date :

Place :

Signature of the Expert

APPENDIX VIII

FORMAT FOR CONTENT VALIDITY

Name of the Expert:

Address:

Total content of the tool: Adequate / Inadequate

Kindly validate each tool and (√) where it is applicable.

S.No	No.of Tool / Section	Strongly Agree	Agree	Need Modification	Remarks

Signature of the Expert with Date

CRITERIA CHECKLIST FOR VALIDATION OF TOOL

Instruction:

Kindly go through the items regarding accuracy, relevancy and appropriateness of the content. There are three response columns in the checklist namely strongly agree, agree and disagree. Place a tick mark against the specific column. If you disagree to any of the item, write your remarks and suggestions in given column.

SECTION-A

DEMOGRAPHIC PERFORMA

S.No	Strongly Agree	Agree	Disagree	Remarks and Suggestions
1.				
2.				
3.				
4.				
5.				
6.				
7.				

SECTION –B

KNOWLEDGE QUESTIONNAIRE ON SELECTED BEHAVIOURAL PROBLEMS OF PRIMARY SCHOOL CHILDREN AMONG PRIMARY SCHOOL TEACHERS

S.No	Strongly Agree	Agree	Disagree	Remarks and Suggestions
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				

SECTION-B

SCORING KEY FOR KNOWLEDGE QUESTIONNAIRE

QUESTION NUMBER	ANSWER	SCORE
1	1.2	1
2	2.3	1
3	3.2	1
4	4.2	1
5	5.4	1
6	6.1	1
7	7.2	1
8	8.1	1
9	9.4	1
10	10.3	1
11	11.3	1
12	12.2	1
13	13.1	1
14	14.4	1
15	15.1	1
16	16.4	1
17	17.3	1
18	18.1	1
19	19.1	1
20	20.1	1
21	21.4	1
22	22.3	1
23	23.4	1
24	24.3	1
25	25.1	1
26	26.4	1
27	27.3	1
28	28.3	1
29	29.3	1
30	30.4	1
	TOTAL	**30**

SECTION-C

LIKERT SCALE TO ASSESS THE ATTITUDE ON SELECTED BEHAVIOURAL PROBLEMS OF PRIMARY SCHOOL CHILDREN AMONG PRIMARY SCHOOL TEACHERS.

S.No	Statement	Strongly agree	Agree	Disagree	Remarks and suggestion
1	1				
2	2				
3	3				
4	4				
5	5				
6	6				
7	7				
8	8				
9	9				
10	10				

SECTION –C

SCORING KEY FOR LIKERT SCALE

SCORING KEY FOR POSITIVE STATEMENT

Statement	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
1	✓				
3	✓				
5	✓				
7	✓				
9	✓				
SCORES	**5**	**4**	**3**	**2**	**1**

SCORING KEY FOR NEGATIVE STATEMENT

Statement	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
1					✓
3					✓
5					✓
7					✓
9					✓
SCORES	**1**	**2**	**3**	**4**	**5**

APPENDIX X

SECTION –A

DEMOGRAPHIC DATA

Structured questionnaire regarding demographic data from the primary school teachers

Instructions:

Please read the following question carefully and make a tick mark (✓) for each correct answer**.**

1. Age in years
   - 1.1.<30 years [ ]
   - 1.2. 31-40 years [ ]
   - 1.3.41-50 years [ ]
   - 1.4. >50years [ ]

2. Sex
   - 2.1. Male [ ]
   - 2.2. Female [ ]

3. Educational qualification
   - 3.1. Teacher training course [ ]
   - 3.2. Degree with teacher training [ ]
   - 3.3. Master degree with B.Ed. [ ]
   - 3.4. Master degree with M.Ed [ ]

4. Years of teaching experience
   - 4.1. <5 Years [ ]
   - 4.2 . 6-10 Years [ ]
   - 4.3.11-15 Years [ ]
   - 4.4.16-20 Years [ ]

5. Religion

5.1.Hindu [ ]

5.2.Muslim [ ]

5.3.Christian [ ]

5.4.Others [ ]

6. Do you had child psychiatry in your curriculum?

6.1.Yes [ ]

6.2.No [ ]

7. Do you know information regarding behavioural problems of primary school children?

7.1. Yes [ ]

7.2. No [ ]

If yes

a. In-services education [ ]

b. Mass media [ ]

c. Newspapers [ ]

d. Family members & friends [ ]

SECTION-B

STRUCTURED KNOWLEDGE QUESTIONNAIRE ON SELECTED BEHAVIOURAL PROBLEMS OF PRIMARY SCHOOL CHILDREN

Instructions:

This tool consists of 30 questions, each question consists of a multiple answers and one is the most appropriate answer. I request you to read the question carefully and make a tick mark (✓) on the correct answer in the given box.

1. What do you mean by behavioural problem?
   - 1.1. Acceptable behaviour [ ]
   - 1.2. Unacceptable behaviour [ ]
   - 1.3. Appropriate behaviour [ ]
   - 1.4. None of the above [ ]

2. Which is the most common behavioural problem of primary school children?
   - 2.1. Temper tantrum [ ]
   - 2.2. Thumb sucking [ ]
   - 2.3. Conduct disorder [ ]
   - 2.4. Speech disorder [ ]

3. Which individual characteristics lead to behavioural problems among primary school children?
   - 3.1. Assertive characteristics [ ]
   - 3.2. Non assertive characteristics [ ]
   - 3.3. Maintaining good relationship [ ]
   - 3.4. Good opinion [ ]

4. Which family factors cause behavioural problems among primary school children?
   - 4.1. Parental love & affection [ ]
   - 4.2. Absence of father [ ]
   - 4.3. Mental illness [ ]
   - 4.4. All the above [ ]

5. What do you meant by conduct disorder?

5.1. Social behaviour [ ]

5.2. Respectful behaviour [ ]

5.3. Good behaviour [ ]

5.4. Antisocial behaviour [ ]

6. Which sex is mostly affected by conduct disorder?

6.1. Boys [ ]

6.2. Girls [ ]

6.3. Both sexes [ ]

7. What is the risk factor for conduct disorder among primary school children?

7.1. Poverty [ ]

7.2. Traumatic life experience [ ]

7.3. Child abuse [ ]

7.4. Brain damage [ ]

8. What is the cause of conduct disorder among primary school children?

8.1. Genetic factor [ ]

8.2. Psychiatric disorder [ ]

8.3 .School failure [ ]

8.4. Low socio economic status [ ]

9. What are the behavioural changes occurs in conduct disorder among primary school children?

9.1. Aggression [ ]

9.2. Stealing [ ]

9.3. Lying [ ]

9.4. All of the above [ ]

10. Which type of behavioural problem is exhibited by female child?

10.1. Physical fighting [ ]

10.2. Stealing [ ]

10.3. Violating the rules [ ]

10.4. Aggressive behaviour [ ]

11. Which type of behavioural problem exhibited by male child?

11.1. Lying [ ]

11.2. Substance abuse [ ]

11.3. Fire setting [ ]

11.4. Run away from the home [ ]

12. What is the symptom of conduct disorder?

12.1. Thought problems [ ]

12.2. Breaking rules without clear reason [ ]

12.3. Learning problems [ ]

12.4. Reading problems [ ]

13. How will you diagnose the conduct disorder among primary school children?

13.1. Obvious antisocial behaviour [ ]

13.2. Intelligence test [ ]

13.3. Educational assessment [ ]

13.4. Developmental assessment [ ]

14. What is the management of child with conduct disorder?

14.1. Behaviour therapy [ ]

14.2. Family therapy [ ]

14.3. Psycho therapy [ ]

14.4. All the above [ ]

15. What is the consequence faced by child with conduct disorder?

15.1. Academic failure [ ]

15.2. Poor relationship [ ]

15.3. Parental rejection [ ]

15.4. Maladaptive behavior [ ]

16. What is Vandalism ?

16.1. Breaking rules [ ]

16.2. Run away from the school [ ]

16.3. Staying out at night time [ ]

16.4. Destruction of properties [ ]

17. What is Truancy?

17.1. Cruelty towards other people and animals [ ]

17.2. Threatening others [ ]

17.3. Run away from the home & school [ ]

17.4. Fire setting [ ]

18 What do you meant by Attention Deficit Hyper Activity Disorder?

18.1. Inattention and Overactive [ ]

18.2. Increased attention and increased activity [ ]

18.3. Lack of attention and decreased activity [ ]

18.4. More attention and over active [ ]

19. Which sex is most commonly affected with Attention Deficit Hyperactivity Disorder?

19.1. Boys [ ]

19.2. Girls [ ]

19.3. Both sexes [ ]

20. Which age group children are affected by Attention Deficit Hyperactivity Disorder?

20.1. Up to 7 years [ ]

20.2. 8 to 12 years [ ]

20.3. 13 to 18 years [ ]

20.4. Above 18 years [ ]

21. What is the Risk factor for Attention Deficit Hyperactivity Disorder ?

21.1. Brain injury [ ]

21.2. Stroke [ ]

21.3. Prematurity [ ]

21.4. Low birth weight [ ]

22. Which perinatal factor leads to Attention Deficit Hyperactivity Disorder?

22.1. Exposure to toxic substance [ ]

22.2. Brain damage [ ]

22.3. Fetal distress [ ]

22.4. Drug and alcohol abuse [ ]

23. What is the common cause of Attention Deficit Hyperactivity Disorder?

23.1. Prematurity [ ]

23.2. Brain injury [ ]

23.3. Lead poisoning [ ]

23.4. All of the above [ ]

24. What is the symptom of inattention?

24.1. Non stop talking [ ]

24.2. Blurts out answer [ ]

24.3. Make careless mistakes in school work [ ]

24.4. Cannot wait for turn [ ]

25. What is the symptom of hyperactivity?

25.1. Run & climbs excessively [ ]

25.2. Day dream [ ]

25.3. Miss details [ ]

25.4. Loss things [ ]

26. How to identify the child with Attention Deficit Hyperactivity Disorder?

26.1. Brain scan [ ]

26.2. Hearing & vision screening test [ ]

26.3. Inattention & hyperactivity, impulsivity [ ]

26.4. All the above [ ]

27. How will you manage the child with Attention Deficit Hyperactivity Disorder?

27.1. Individual counseling [ ]

27.2. Moral education [ ]

27.3. Behaviour therapy [ ]

27.4. Family therapy [ ]

28 Who is involved in behavioural modification of child with Attention Deficit Hyperactivity Disorer?

28.1. Peer groups [ ]

28.2. Neighbours [ ]

28.3. School teacher [ ]

28.4. None of the above [ ]

29. What is the correct measure taken by the teacher to deal a child with Attention Deficit Hyperactivity Disorder?

29.1. Give punishment [ ]

29.2. Ignore the child behavior [ ]

29.3. Give rewards [ ]

29.4. None of the above [ ]

30. What is the effect of Attention Deficit Hyperactivity Disorder?

30.1. Good relationship [ ]

30.2. Good school performance [ ]

30.3. More attention [ ]

30.4. Delinquent behaviour [ ]

SECTION -C

LIKERT SCALE TO ASSESS THE ATTITUDE TOWARDS THE SELECTED BEHAVIOURAL PROBLEMS OF PRIMARY SCHOOL CHILDREN

Instructions:-

This tool consists of 10 statements seeking information about attitude regarding selected behavioural problems among primary school children. Kindly make a tick mark (✓) in corresponding space.

S. No	Content	S.A	A	U.C	D.A	S.D
		5	4	3	2	1
1.	Love & affection will change the behaviour of problematic child.					
2.	Psychotherapy will not change the behaviour of child.					
3.	Behavioural problematic children should not be ignored.					
4.	Negative reinforcement will help to modify the behaviour of child.					
5.	Scheduling time, work & breakdown assignment will improve the child with Attention Deficit Hyperactivity Disorder					
6.	Child with conduct disorder should be punishable.					
7.	Family therapy helps to improve the relationship with the child and parents.					
8.	Team approach management will not essentially for reduce the behavioural problems.					
9.	Medications & skill training will necessarily reduce the symptoms of behavioural problems.					
10.	Parental education is not needed for parents with behavioural problematic child.					
S.A – Strongly Agree , A – Agree , U.C – Uncertain , D.A – Disagree , S.D – Strongly Disagree						

APPENDIX IX

LESSON PLAN ON

BEHAVIOURAL PROBLEMS OF

PRIMARY SCHOOL CHILDREN

LESSON PLAN ON BEHAVIOURAL PROBLEMS OF PRIMARY SCHOOL CHILDREN

NAME OF THE TOPIC	: BEHAVIOURAL PROBLEMS OF PRIMARY SCHOOL CHILDREN
DURATION	: 1 HOUR
GROUP OF PEOPLE	: PRIMARY SCHOOL TEACHERS
PLACE	: MODERN ACADAMY MATRICULATION SCHOOL AT PUTHUPATTY, NAMAKKAL.
METHOD OF TEACHING	: LECTURE CUM DISCUSSION
MEDIUM OF INSTRUCTION	: ENGLISH
TEACHING AIDS	: POWER POINT PRESENTATION

GENERAL OBJECTIVE:

The teacher will acquire in depth of knowledge regarding selected behavioural problems, will develop attitude in applying this knowledge and identify the children's with behavioural problems.

SPECIFIC OBJECTIVES:

The teacher will be able to

- define behavioural problems
- state the incidence of behavioural problems
- list out the classification of behavioural problems
- describe the conduct disorder
- explain the attention deficit hyperactivity disorder

Time	Specific Objectives	Content	Teacher's activity	Learner's activity	A.V Aids	Evaluation
3mts	Introduce the topic	**INTRODUCTION** Behavioural problems are quite common among primary school children and these problems need to be identified and solved. If not identified during their school days would continue to have difficulties in dealing with in society and their problems may become progressively more serious in later life.	Defining & Explaining	Listening & Answering	PPT	What is behavioural problem?
2mts	Define behavioural problems	**DEFINITION** **Behaviour** "The term behaviour refers to the way a person responds to a certain situation or experience" "A response of an individual or group to an action, environment, person, or stimulus". **Behavioural Problems** "Behavioural problems are the reactions and clinical manifestations which are resulting due to emotional disturbance's or environmental maladjustments"				

Time	Specific Objectives	Content	Teacher's activity	Learner's activity	A.V Aids	Evaluation
2min	List out the classification of behavioural problems	"Behavioural problems are thoughts or feeling or behaviours differ quantitatively from the norm and as the result of this differences the child is either suffering significantly or developmental being significantly impaired." **COMMON BEHAVIOURAL PROBLEMS AMONG PRIMARY SCHOOL CHILDRENS ARE:-** ✓ Conduct Disorders ✓ Attention deficit hyperactivity disorders ✓ Emotional disorders ✓ Specific(scholastic)disorders ✓ Adjustment disorders or reactions ✓ Pervasive developmental disorders.	Listing & Explaining	Listening & Answering	PPT	What are the common behavioural problem among primary school children?

Time	Specific Objectives	Content	Teacher's activity	Learner's activity	A.V Aids	Evaluation
2min	State the incidence of behavioral problems	**INCIDENCE:-** The incidence rate of ✓ Conduct disorders (4%-8%) and ✓ Attention Deficit Hyperactivity Disorder (8.8%) ✓ Emotional disorders (3.5%- 4.1%) ✓ Scholastic disorders (3% - 5%) are more prevalent among primary school children in the age group of 6-12 years.	Stating & Explaining	Listening & Answering	PPT	
2mts	introduce the topic	**CONDUCT DISORDER** **INTRODUCTION:-** Conduct disorder is a group of behavioural and emotional problems that usually begins during childhood and continued to teenage years. Child with the disorder have long term and continual pattern of behaviour that violates the right of others or goes against what is deemed normal by society for their age group.	Introducing & Explaining	Listening & Answering	PPT	

Time	Specific Objectives	Content	Teacher's activity	Learner's activity	A.V Aids	Evaluation
2mts	Define conduct disorder	Conduct disorder is known as "Disruptive Behavior Disorder" because of its impact on children and their families, neighbours and schools. It is associated with delinquent or criminal activity. **DEFINITION:-** Conduct disorder is defined as persistent antisocial behaviour of children and adolescents that significantly impairs their ability to function in the social, academic or occupational area. Conduct disorder is repetitive and persistent pattern of behaviour in which the basic rights of others or major age appropriate societal norms or rules are violated. Conduct disorders are characterized by persistent and significant pattern of conduct in which the basic rights of others are violated or rules of society are not followed.	Defining & Explaining	Listening & Answering	PPT	What is conduct disorder?

Time	Specific Objectives	Content	Teacher's activity	Learner's activity	A.V Aids	Evaluation
2mts	state the incidence of conduct disorder	**INCIDENCE:** ➢ Prevalence rate range from 6% to 16% in boys & 2% to 9% in girls younger than 18 years. ➢ The disorder is 5 to 10 times more common in boy than girls.	Stating & Explaining	Listening & Answering	PPT	
2mts	list out the types of conduct disorder	**TYPES:** There are 3 types of conduct disorder. They are labeled according to the age at which the symptoms first occur. **<u>Childhood onset type:-</u>** Signs of conduct disorder appear before 10 years old. **<u>Adolescent onset type:-</u>** Signs of conduct disorder appear during the teenage years. **<u>Unspecified onset type:-</u>** The age that conduct disorder first occurs is unknown.	List outing & Explaining	Listening & Answering	PPT	What is childhood onset type of conduct disorder?

Time	Specific Objectives	Content	Teacher's activity	Learner's activity	A.V Aids	Evaluation
2mts	enumerate causes of conduct disorder	**CAUSES:-** ❖ Genetic factors ❖ Biochemical factors ✓ Elevated plasma level of testosterone ✓ Lower level of norepinephrine. ❖ Psychosocial factors ✓ Peer rejection ✓ Poor peer relations ❖ Environmental factors ✓ Child abuse ✓ Dysfunctional family life ✓ Parental substance abuse (Drugs / alcohol) ✓ Poverty	Enumerating & Explaining	Listening & Answering	PPT	What is child abuse?

Time	Specific Objectives	Content	Teacher's activity	Learner's activity	A.V Aids	Evaluation
2mts	enlist the risk factor of conduct disorder	**RISK FACTORS:-** ➢ Parental rejection &neglect ➢ Lack of supervision ➢ Inconsistent parenting with harsh discipline ➢ Early institutionalization ➢ Physical and sexual abuse ➢ Frequent changes of caregivers ➢ Large family size ➢ Absent father ➢ Inadequate communication patterns ➢ Marital conflict and divorce ➢ Family history of substance abuse ➢ Traumatic life experience ➢ School failure ➢ Family history of conduct disorder, psychiatric disorder ➢ Low socio economic states ➢ Being male	Enlisting & Explaining	Listening & Answering	PPT	What is substance abuse?

Time	Specific Objectives	Content	Teacher's activity	Learner's activity	A.V Aids	Evaluation
2mts	list down the symptoms of conduct disorder	**SYMPTOMS OF CONDUCT DISORDER:-** ➢ The signs and symptoms of conduct disorder will vary wildly depending upon the age of the child and severity of symptoms. ➢ Children who have conduct disorder are often hard to control &unwilling to follow rules. ➢ They act impulsively without considering the consequences of their actions ➢ They do not take other people's feelings into considerations. ➢ Generally symptoms of conduct disorder fall into 4 distinct categories which includes ▪ Aggressive behaviour ▪ Destructive behaviour ▪ Deceitful behaviour ▪ Violation of rules	List downing & Explaining	Listening & Answering	PPT	

Time	Specific Objectives	Content	Teacher's activity	Learner's activity	A.V Aids	Evaluation
		AGGRESSIVE BEHAVIOUR ➢ Fighting ➢ Bullying, threatening or imidating others ➢ Uses weapon(eg.bat, brick, gun, knife, broken glass bottle)that could cause serious physical harm to others ➢ Cruelty towards other people, animals. ➢ Temper tantrums ➢ Very little guilt about hurting other people ➢ Steals from a victim while confronting them (eg. Assault) **DESTRUCTIVE BEHAVIOUR** ➢ Deliberately engaged in fire setting with the intention to cause damage ➢ Deliberately destroys others property (vandalism)		Listening & Answering	PPT	What is Aggressive behaviour?

Time	Specific Objectives	Content	Teacher's activity	Learner's activity	A.V Aids	Evaluation
		DECEITFUL BEHAVIOUR ➢ Broken to someone else's building house or car ➢ Lying to obtain good, favors or avoid obligations ➢ Stealing ➢ Forgery **VIOLATION OF RULES** ➢ Running away from home (Truancy) ➢ Skipping school ➢ Engaging in pranks ➢ Staying out all night despite parental objection ➢ Sexual behaviour at very young age **GENDER DIFFERENCE** **Boys exhibits** ➢ Aggressive and destructive behaviour ➢ Fighting ➢ Stealing ➢ Vandalism (Deliberately destroys others property)		Listening & Answering Listening & Answering	PPT PPT	What is truancy? What is lying?

Time	Specific Objectives	Content	Teacher's activity	Learner's activity	A.V Aids	Evaluation
2mts	Specify the diagnosis of conduct disorder	**Girls Exhibits** ➢ Deceitful And Violatry Behaviour ➢ Lying ➢ Truancy (Runaway from school) **DIAGNOSIS:-** ➢ Obviously exhibiting antisocial behaviour ➢ Complete physical and psychiatric history medical developmental, psychological and social history ➢ Physical examination ➢ Educational assessment To determine if there are cognitive deficits, learning disabilities or problems in intellectual functioning ➢ Neurological examination If there is history of head trauma or seizures ➢ Laboratory test Helps to rule out medical conditions that are similar	Specifying & Explaining	Listening & Answering	PPT	How to identify the child with conduct disorder?

Time	Specific Objectives	Content	Teacher's activity	Learner's activity	A.V Aids	Evaluation
		to conduct disorder ➢ Blood test ➢ Brain scan It helps to rule out other disorders. ❖ **DIAGNOSTIC INTERVIEW FOR CHILDREN AND ADOLESCENTS (DICA)** The Diagnostic Interview For Children and Adolescents is a semi structured interview designed to determine whether children or adolescents currently have symptoms consistent with DSM diagnosis. There are separate versions of their interview for children, adolescents and parents. ❖ **CHILD BEHAVIOUR CHECK LIST (CBCL)** The Child Behaviour Check List is a widely used paper and pencil test that comes in different versions appropriate to varying age groups and rater perspectives.		Listening & Answering	PPT	What is child behaviour check list?

Time	Specific Objectives	Content	Teacher's activity	Learner's activity	A.V Aids	Evaluation
4mts	explain the treatment of conduct disorder	❖ **CONORS CONTINUOUS PERFORMANCE TEST (CCPT)** The Conors Continuous Performance Test is used to assess children's ability to sustain attention (i.e.to continuously focus on a single task) and also provides measurements of children's tendency towards impulsiveness. During the test, children watch a computer screen upon which various symbols. (Eg.Numbers and letters) and sounds are presented. They respond to the presence of particular symbols and sounds by pressing buttons and by clicking with the computer mouse. **TREATMENT:-** The treatment to be successful, it must be started early. The child's family also needs to be involved Parents can learn techniques to manage their problem behavioural problems.	Explaining & Discussing	Listening & Answering	PPT	What is conors continuous performance test?

Time	Specific Objectives	Content	Teacher's activity	Learner's activity	A.V Aids	Evaluation
		Treatment for conduct disorder is based on many factors, including the child's age, the severity of symptoms, as well as the child's ability to participate in and tolerate specific therapies. Treatment usually consists of a combination of the following **Psychotherapy (type of counseling)** Psychotherapy is aimed at helping the child learn to express and control anger in more appropriate way. **Cognitive behavioural therapy** ✓ Cognitive behavioural therapy aims to reshape the child's thinking (cognition) to improve problem solving skills, anger management moral reasoning skills and impulse control. Anger management which generally involves teaching people to better management frustration feelings by learning to recognize and defuse anger sensation with reframing.		Listening & Answering	PPT	What is psychotherapy?

Time	Specific Objectives	Content	Teacher's activity	Learner's activity	A.V Aids	Evaluation
		✓ Behavioural strategies used during treatment of conduct disorder focus on reducing blame increasing parental monitoring and supervision of children's behaviour and implementing behaviour contracting . ✓ Therapist work with children to help them to develop several important cognitive skills, including cognitive reframing of stressful events. ✓ Relaxations techniques such as muscle relaxation or deep breathing. **<u>Family therapy</u>** ✓ Family therapy used to improve family interactions and communication among family members. ✓ Family therapy approaches to treating conduct disorders utilize a number of different theoretical perspectives concerning how family units function to understand the problem such as conduct		Listening & Answering	PPT	What is a Relaxation technique?

Time	Specific Objectives	Content	Teacher's activity	Learner's activity	A.V Aids	Evaluation
		disorders occur within families how they can be corrected. ✓ Family therapy interventions are designed to help the parents work together better as a unit to help them cope better to help them be better disciplinarians and to strengthen the boundary between parents and children **<u>Cognitive Developmental Treatment</u>** Multiple therapy approaches which includes, **Parent Management Training (PMT)** Parent management training teach parent ways to positively alter their child's behaviour in the home. During Parent management training parent and therapist work together to develop a specific and systematic plan to change behaviour in their child.		Listening & Answering	PPT	What is parent management training?

Time	Specific Objectives	Content	Teacher's activity	Learner's activity	A.V Aids	Evaluation
		Cognitive Problem Solving Skills Training (CPSST) Cognitive Problem Solving Skills Training teaches children new and better ways of thinking about and solving stressful problem situation particularly those that involve relating with others. Appropriate behaviour is modeled for the children by the therapist and (later by parents) then children are reinforced and rewarded when they later choose to act appropriately according to the model. **Functional Family Therapy (FFT)** FFT aims to change a child communication and interaction styles by using various cognitive and behavioural techniques to create more positive exchanges and interactions with the family unit. This type of therapy examines family interaction bonding styles and roles, and relies on the presence and involvement of all family members.		Listening & Answering	PPT	What is family therapy?

Time	Specific Objectives	Content	Teacher's activity	Learner's activity	A.V Aids	Evaluation
		Multisystemic Therapy(MST) In this context of multisystem therapy, a system is an environment or institution in which a child with conduct disorder spends a lot of time such as school and home environment, peer and social groups and the local neighborhood. To create distance between the child and deviant peers. Strategies to help the child bond better with safer, more conventional peers, to help enhance the child's academic skills and to help parents become more effective and fair disciplinarians are used. **Parents Education** Parent education programs should cover a variety subjects. ✓ Growth and developments milestones are taught so parents have age appropriate examinations of their children's behaviour values clarification helpful to parents in identifying what type of person they		Listening & Answering Listening & Answering	PPT PPT	What is multi-systemic therapy? What is developmental milestones?

Time	Specific Objectives	Content	Teacher's activity	Learner's activity	A.V Aids	Evaluation
		want their children to be come. ✓ Communication skills promote understanding and empathy between parents and child. Appropriate child rearing techniques are necessary to help the children to develop self discipline **PHARMACOTHERAPY** ➢ Antipsychotics ➢ Lithium ➢ Valporic ➢ Stimulants drugs Tab. Ritalin Tab. Dexedrine Tab. Cyclert		Listening & Answering	PPT	What is stimulants drug?

Time	Specific Objectives	Content	Teacher's activity	Learner's activity	A.V Aids	Evaluation
3 mts	list out the effect of conduct disorder	**EFFECTS OF CONDUCT DISORDER** ❖ Poor educational experience ❖ Increased academic failure ❖ Injuries to self or others ❖ Poor interpersonal relationships ❖ Sexually abuse and addition ❖ Self harming behaviours ❖ Suicidal ideation ❖ Death	List outing & Explaining	Listening & Answering	PPT	What is sexual abuse?

Time	Specific Objectives	Content	Teacher's activity	Learner's activity	A.V Aids	Evaluation
3mts	introduce the topic	**ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)** **INTRODUCTION:-** "Attention Deficit Hyperactivity Disorder is one of the most common behavioural disorders in school age children. It affects children and teens and can continue into adulthood. Children with Attention Deficit Hyperactivity Disorders may be hyperactive and unable to control their impulses and trouble in paying attention. These behaviours interfere with school and home life.	Introducing & Explaining	Listening & Answering	PPT	
3mts	define attention deficit hyperactive disorder	**DEFINITION :-** "It is characterized by inattention, impulsivity and hyperactivity". "Attention Deficit Hyperactivity Disorders is a condition that is characterized by hyperactivity, impulsivity, restlessness and inattentiveness. It can lead to	Defining & Explaining	Listening & Answering	PPT	What is attention deficit hyperactive disorder?

Time	Specific Objectives	Content	Teacher's activity	Learner's activity	A.V Aids	Evaluation
		educational, social and psychological difficulties". "Attention Deficit Hyperactivity Disorders is symptom complex characterized by poor ability to attend a task, motor activity and impulsivity". "Attention Deficit Hyperactivity Disorders is a persistent pattern of inattention and hyperactivity more frequent and severe than is typical of children at a similar level of development".				
2mts	State the incidence of attention deficit hyperactivity disorder	**INCIDENCE:-** ➢ It is 6 to 9 times more common in boys than girls ➢ It is a common childhood behavioral problem, which has been estimated to affect 2-18% of school children. ADHD is more prevalent in boys than in girls. Its onset is in early childhood, before the age of Seven. ➢ In United States more than 5 million children are diagnosed with Attention Deficit Hyperactivity	Stating & Explaining	Listening & Answering	PPT	

Time	Specific Objectives	Content	Teacher's activity	Learner's activity	A.V Aids	Evaluation
2mts	list down the causes of attention deficit hyperactivity disorder	Disorders ➢ Globally 3 % to 5% of children are affected by Attention Deficit Hyperactivity Disorders **CAUSES:-** Exact causes is "Unknown" **Biological Factors** ✓ Genetic factor Both parents and siblings of a child with Attention Deficit Hyperactivity Disorders are 4 to 5 times more likely to have Attention Deficit Hyperactivity Disorders. ✓ Biochemical factors Imbalance of neurotransmitters Dopamine and nor adrenaline ✓ Prenatal, Perinatal and postnatal factors	List downing & Explaining	Listening & Answering	PPT	What is genetic factor?

Time	Specific Objectives	Content	Teacher's activity	Learner's activity	A.V Aids	Evaluation
		Prenatal ✓ Prenatal exposure to toxic substances ✓ Maternal smoking and alcohol consumption ✓ Prenatal mechanical insult to the fetal nervous system. **Perinatal** ✓ Prematurity ✓ Fetal distress ✓ Precipitated labour or prolonged labour ✓ Perinatal asphyxia ✓ Low apgar scores. **Postnatal** ✓ Cerebral palsy ✓ Epilepsy ✓ CNS abnormalities from trauma, infection ✓ Neurological disorders		Listening & Answering	PPT	What is epilepsy?

Time	Specific Objectives	Content	Teacher's activity	Learner's activity	A.V Aids	Evaluation
		Environmental Factors ✓ Environmental lead exposure It is possible that preschool children who live in older buildings may be exposed to toxic levels of lead from old poin **Diet Factors** ✓ Food additives and colorings preservatives , sugar ✓ Lack of omega 3 fatty acids **Psychosocial Factors** ❖ Prolonged emotional deprivation ❖ Stressful events ❖ Low socio economic status ❖ Disruption of family equilibrium				
2mts	list out the risk factors of attention deficit hyper	**RISK FACTORS** ❖ Low birth weight ❖ Brain damage either in the womb or in the first few years of life	List outing & Explaining	Listening & Answering	PPT	What is low birth weight?

Time	Specific Objectives	Content	Teacher's activity	Learner's activity	A.V Aids	Evaluation
	activity disorder	❖ Maternal drug use, alcohol use and smoking during pregnancy ❖ Lead poisoning Exposure to high level of toxic lead at young age ❖ Birth complications like Trauma.				
2mts	enumerate the types of attention deficit hyperactivity disorder	**TYPES:-** It has 3 sub types **<u>Predominantly Hyperactive Impulsive Type</u>** This subtype is used if at least six symptoms of hyperactivity impulsivity (but few than six symptoms of inattention) have persisted for at least six months. In many cases, inattention still may be a significant clinical feature. **<u>Predominantly Inattentive Type</u>** This subtype is used if at least six symptoms of inattention (but fewer than six symptoms of hyperactivity impulsivity) have persisted for at least 6 months.	Enumerating & Explaining	Listening & Answering	PPT	What are the types of Attention Deficit Hyperactivity Disorders?

Time	Specific Objectives	Content	Teacher's activity	Learner's activity	A.V Aids	Evaluation
3mts	Specify the signs and symptoms of attention deficit hyperactivity disorder	**<u>Combined Hyperactive Impulsive And Inattentive Type</u>** This subtype is used if atleast six symptoms of inattention and atleast six symptoms of hyperactivity impulsivity have persisted for atleast six months. Most children have the combined type of Attention Deficit Hyperactivity Disorders. **SIGNS AND SYMPTOMS** The primary symptoms of Attention Deficit Hyperactivity Disorders are "inattention and hyperactivity or impulsivity". **Inattention behaviours** ➢ Easily distracted (fail to give attention to details) ➢ Miss details ➢ Make careless mistakes in school / work ➢ Forgetful in daily activities ➢ Have difficulty in focusing attention on organizing and completing a task or learning something new	Specifying & Explaining	Listening & Answering	PPT	What is attention behaviour ?

Time	Specific Objectives	Content	Teacher's activity	Learner's activity	A.V Aids	Evaluation
		➢ Become bored with a task after only a few minutes, unless they are doing something enjoyable. ➢ Does not seem to listen when spoken to directly ➢ Does not follow through on instruction ➢ Avoids tasks that require sustained mental effort. ➢ Have trouble in completing homework assignments, often losing things (eg.Pencil, Toys, Assignments) needed to complete tasks or activities. ➢ Day dream, become easily confused and move slowly ➢ Have difficulty in processing information as quickly and accurately as others. ➢ Has difficulty in planning, organizing and completing tasks on time. **Hyperactivity Behaviour** ➢ Fidgets with hands / feet. ➢ Seems unable to sit still during dinner, school and		Listening & Answering	PPT	What is day dream?

Time	Specific Objectives	Content	Teacher's activity	Learner's activity	A.V Aids	Evaluation
		story time. (Eg.squirming in his seat, roaming around the room, tapping pencil, wiggling feet and touching everything) ➢ May bounce from one activity to the next. ➢ Often tries to do more than one thing at once. ➢ Talks excessively (nonstop talks) ➢ Runs or climbs excessively ➢ Has difficulty in quiet play. **Impulsive Behaviours** ➢ Be very impatient ➢ Blurts out answers before questions are completed ➢ Blurts out inappropriate comments, show their emotions without restraint and act without regard for consequences. ➢ Can't wait for turn (playing games) ➢ Often interrupt conversations or other's activities.				

Time	Specific Objectives	Content	Teacher's activity	Learner's activity	A.V Aids	Evaluation
3 mts	list out the diagnosis of attention deficit hyperactivity disorder	**DIAGNOSIS :-** Attention Deficit Hyperactivity Disorders is diagnosed by the child's doctor, with input from the family and other professionals, these professionals include the following. ➢ Speech –language pathologists(SLPS) ➢ Regular, special education and resource teachers ➢ Nurses ➢ Psychologists ➢ Employees(when applicable) There is no single test to diagnose **History of Behaviour** ✓ Detailed history of child's behaviour ✓ Parental history ✓ Early developmental history ✓ Written reports from teachers ✓ School counselors or other care takers	List outing & Explaining	Listening & Answering Listening & Answering	PPT PPT	How to diagnose the child attention deficit hyperactivity disorders?

Time	Specific Objectives	Content	Teacher's activity	Learner's activity	A.V Aids	Evaluation
		Physical Examination Physical examination should include hearing test, vision test to rule out any hearing problems and vision problems. **Non- Invasive Brain Scan** ➢ It helps to measure the theta and beta brain waves ➢ The theta /beta ratio has been shown to be higher in children with Attention Deficit Hyperactivity Disorders. **Diagnostic Criteria** APA has specific criteria that must be met for a diagnosis of Attention Deficit Hyperactivity Disorders. These symptoms should have occurred in two or more setting (home and school)				

Time	Specific Objectives	Content	Teacher's activity	Learner's activity	A.V Aids	Evaluation
5 mts	explain the treatment of attention deficit hyperactivity disorder	**TREATMENT:-** Treatment involves a team approach that includes the child's pediatrician, other health professionals, parents and teachers. **Behaviour Modification Techniques (Or) Behaviour Therapy** It aims to help a child to change his or her behaviour it might involve practical assistance, such as help organizing tasks or completing school work. ❖ Teaches a child how to monitor his or her own behaviour.learning to give oneself praise or rewards for acting in a desired way such as controlling anger or thinking before acting. ❖ Parents and teachers can give positive or negative feedback for certain behaviour. ❖ Clear rules, check list and other structured routine can help a child control his behaviour.	Explaining & discussion	Listening & Answering	PPT	What is behaviour therapy?

Time	Specific Objectives	Content	Teacher's activity	Learner's activity	A.V Aids	Evaluation
		❖ Give clear directions and commands ❖ Reorganizing a child's home and school environment. **Cognitive Behavioural Therapy (CBT)** Cognitive behavioural therapy is a type of talking therapy to attempts to change how people think (cognitive) and what they do (behavioural) **Social Skill Training** ❖ Therapists may teach children the regarding social skills like how to wait their turn, share toys, ask for help or respond to teasing. ❖ Learning to read facial expressions and the tone of voice in others, and how to respond appropriately. **Parents Training** ➢ Parents need careful teaching and support to learn the new parenting skills and how to use them all the time. ➢ Setting routine house rules		Listening & Answering	PPT	What is social skill training?

Time	Specific Objectives	Content	Teacher's activity	Learner's activity	A.V Aids	Evaluation
		➢ Learning to praise wanted behaviour and to ignore mild unwanted behaviour ➢ Using appropriate ways to let the child know what you want from him. ➢ Using daily charts and point systems for both rewards and consequences. ➢ Using school home note system to rewards school behaviour and to track home work. ➢ Parent training helps the parents to learn how to use a system of rewards and consequences to change a child's behaviour. parents are taught to give immediate and positive feedback for behaviours. **Counseling** ✓ Counseling helps the students to understand its effects on their classroom performance and learn and practice school success skills. ✓ To give structure environment for increasing attention span, proper disciplinary should be		Listening & Answering	PPT	What is attention span?

Time	Specific Objectives	Content	Teacher's activity	Learner's activity	A.V Aids	Evaluation
		adopted. ✓ Parents are counseled for being empathize with their child, analyze their own behaviour. Parents and become more aware of their should change the child's behaviour by schedule, organize the everyday items, and give praise or rewards when rules are followed **Therapy at school** ❖ Parents of children with Attention Deficit Hyperactivity Disorders should work closely with teachers to help them to learn needed skills to manage behaviour in classrooms. ❖ Use routine and clear system of rewards for classroom success, The teacher should follow ❖ Reduce seating distractions ❖ Use a homework folder for parent teacher communications		Listening & Answering	PPT	

Time	Specific Objectives	Content	Teacher's activity	Learner's activity	A.V Aids	Evaluation
		❖ Breakdown assignments ❖ Give positive reinforcement ❖ Teach good study skills ,Supervise the child ❖ Be sensitive to self esteem issues. ❖ Involve the school counselor or psychologist.				
3mts	state the pharmaco therapy	**Pharmacotherapy** CNS stimulant drugs such as ✓ Methylphenidate (Ritalin)- 0.3- 1mg /kg 4 hourly ✓ Dextromphetamine -0.2 mg/ kg ✓ Magnesium pemoline -19 mg stat and later ½ tab per week. Tricyclic antidepressants ✓ Impramine ✓ Desipramine Alpha adrenergic agonists ✓ Clonidine ✓ Phenothiazines	Stating & Explaining	Listening & Answering	PPT	What is CNS drugs?

Time	Specific Objectives	Content	Teacher's activity	Learner's activity	A.V Aids	Evaluation
		✓ Diphehydramine ,Thioridazine **Dietary Management** ➢ Hyperactive children show a significant improvement when placed on a special elimination programme of avoiding naturally occurring salicylates and artificial food additives. ➢ Feingold diet a salicylate and additive free diet ➢ Omega 3 fatty acids found in fatty fish and canola oil. **SUMMARY** Till now we have discussed about the definition, incidence, Classification, Signs and symptoms, Diagnosis and its management of conduct disorder and attention deficit hyperactivity disorders.		Listening & Answering	PPT	What is dietary management ?

Time	Specific Objectives	Content	Teacher's activity	Learner's activity	A.V Aids	Evaluation
		SUMMATIVE EVALUATION: 1. What is the definition of behavioural problems? 2. List out the classification of behavioural problems? 3. Enumerate the signs and symptoms of conduct disorder? 4. Describe the signs and symptoms of attention deficit hyperactivity disorder? 5. Explain the management of conduct disorder and attention deficit hyperactivity disorders? **CONCLUSION** Teachers are not having adequate knowledge regarding behavioural problems of primary school children. It is essential to provide awareness about behavioural problems, so that they can identify the problematic children very early and prevent the complications.				

COMMON BEHAVIOURAL PROBLEMS AMONG PRIMARY SCHOOL CHILDRENS ARE

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- Emotional disorders
- Specific(scholastic)disorders
- Adjustment disorders or reactions
- Pervasive developmental disorders

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According to WHO, the incidence rate of

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- Emotional disorder(3.5%- 4.1%)
- Scholastic disorders (3% - 5%) are more prevalent among primary school children.
- Pervasive developmental disorder(1%-3%)

CAUSES:-

- Genetic defect
- Influence of mass media

- Conflict between children

❖Influence of social relationship

- Faulty parental attitudes

❖Absence of father

- Inadequate family environment

CONDUCT DISORDER

INTRODUCTION:-

TYPES:

- Childhood onset type

- Adolescent onset type

- Unspecified onset type

CAUSES:-

- Genetic factors
- ✓ Psychosocial factors
  - Peer rejection
  - Poor peer relations

- ✓ Biochemical factors
  - Elevated plasma level of testosterones
  - Lower level of nor epinephrine.

➢Environmental factors

- Child abuse

- Dysfunctional family life

•Parents substance abuse (Drugs / alcohol)

•Poverty

RISK FACTORS:-

- Lack of supervision

- Parental rejection & neglect

➢Inconsistent parenting with harsh discipline

Early institutionalization

- Physical and sexual abuse

- Large family size

- Frequent changes of caregivers
- Inadequate communication patterns

- Marital conflict and divorce

- Family history of substance abuse
- Traumatic life experience

➢School failure

➢Family history of conduct disorder, psychiatric disorder

➢Low socio economic status

SYMPTOMS OF CONDUCT DISORDER

- Often hard to control & unwilling to follow rules.
- Act impulsively without considering the consequences of their actions
- Do not take other people's feelings into considerations.

4 TYPES OF BEHAVIOURS

➢Aggressivebehaviour

➢Destructive behaviour

➢Deceitful behaviour

➢Violation of rules

- Uses weapon(eg.bat, brick, gun, knife, broken glass bottle)that could cause serious physical harm to others

- Fighting

- Bullying, threatening or imitating others

- Cruelty towards other people, animals

- Temper tantrums

- Very little guilt about hurting other people

- Steals from a victim while confronting them (e.g. Assault)

DESTRUCTIVE BEHAVIOUR

- Deliberately engaged in fire setting with the intention to cause damage

- Deliberately destroys others property

VIOLATION OF RULES

- Running away from home
- Skipping school
- Staying out all night despite parental objection

GENDER DIFFERENCE

BOYS EXHIBITS

- ✓ Aggressive and destructive behaviour
- ✓ Fighting
- ✓ Stealing
- ✓ Vandalism

GIRLS EXHIBITS

- ✓ Deceitful And Violator Behaviour
- ✓ Lying
- ✓ Truancy

DIAGNOSIS:

- History collection
- Physical examination
- Educational assessment
- Neurological examinations
- Laboratory test
- Blood test
- Brain scan

TREATMENT

Psychotherapy (type of counseling)

Cognitive behavioural therapy

- Family therapy

Anger management

Cognitive developmental treatment

- Parent management training (PMT)
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- Parents education(PE)
- Multi systemic therapy(MST

PHARMACOTHERAPY

- Antipsychotics
- Lithium
- Valporic
- Stimulants drugs
  - Tab.Ritalin
  - Tab.Dexedrine
  - Tab.Cyclert

EFFECTS OF CONDUCT DISORDER

- ✓Poor educational experience
- ✓Increased academic failure
- ✓Injuries to self or others
- ✓Poor interpersonal relationships

✓Sexually abuse and addiction

✓Self harming behaviours

✓Suicidal ideation

HYPERACTIVITY DISORDER

INTRODUCTION

INCIDENCE

- It is 6 to 9 times more common in boys than girls
- It occurs 3% to 7% of school age children
- In United States more than 5 million children are diagnosed with Attention Deficit Hyperactivity Disorders
- Globally 3 % to 5% of children are affected by Attention Deficit Hyperactivity Disorders

CAUSES:-

Exact causes is "Unknown"

BIOLOGICAL FACTORS

-Genetic factor

✓ Biochemical factors

PRENATAL

- Prenatal exposure to toxic substances
- Maternal smoking and alcohol consumption
- Prenatal mechanical insult to the fetal nervous system.

- PERINATAL
  - Prematurity
  - Fetal distress
  - Precipitated labour or prolonged labour
  - Perinatal asphyxia
  - Low apgar scores

POST NATAL
- Cerebral palsy
- Epilepsy
- CNS abnormalities from trauma, infection
- Neurological disorders

ENVIRONMENTAL FACTORS
- Environmental lead exposure

DIET FACTORS
- Food additives and colorful preservatives food ,sugar
- Lack of omega 3 fatty acids

PYCHOSOCIAL FACTORS
- Prolonged emotional deprivation
- Stressful events
- Low socio economic status
- Disruption of family equilibrium

RISK FACTORS
- Low birth weight
- Brain damage either in the womb or in the first few years of life
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- Lead poisoning
- Exposure to high level of toxic lead at a young age
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TYPES:-

- Predominantly Hyperactive Impulsive Type
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- Combined Hyperactive Impulsive And Inattentive Type

SIGNS AND SYMPTOMS

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- Make careless mistakes in school

- Does not listen to directly
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DIAGNOSIS

- Speech –language pathologists(SLPS)
- Regular, special education and resource teachers
- Nurses
- Psychologists
- Employees(when applicable)
- There is no single test to diagnose

HISTORY OF BEHAVIOUR

- ✓Detailed history of child's behaviour
- ✓Parental history
- ✓Early developmental history
- ✓Written reports from teachers
- ✓School counselors or other care takers

TREATMENT:-

- ➢Behaviour Modification Techniques (Or) Behaviour Therapy
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CNS stimulant drugs such as

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- Hyperactive children show a significant improvement when placed on a special elimination programme of avoiding naturally occurring salicylates and artificial food additives.
- Omega 3 fatty acids found in fatty fish and canola oil.

ABSTRACT

Behavioural problem is a departure from normal behaviour beyond a point, to the extent, behavioural problems can manifest themselves in many ways. The behavioural problems impair their ability to function in the social, academic and occupational area. Teachers play an important role in caring and educating children. So teachers should know how to identify the children with behavioural disorder and prevent the complication.

"A study was conducted to evaluate the effectiveness of structured teaching programme on knowledge and attitude regarding selected behavioural problems of primary school children among primary school teachers in selected school at Namakkal District".

The objectives of the study was

1. To assess the pretest knowledge regarding selected behavioural problems of primary school children among primary school teachers.
2. To assess the pretest attitude regarding selected behavioural problems of primary school children among primary school teachers.
3. To assess the effectiveness of structured teaching programme on selected behavioural problems of primary school children.
4. To correlate the knowledge and attitude regarding selected behavioural problems of primary school children among primary school teachers.
5. To find the association between posttest knowledge and attitude regarding selected behavioural problems of primary school children among primary school teachers with their selected demographic variables.

The hypothesis of this study was

H_1: There will be significant difference between pre and post test knowledge and attitude score regarding selected behavioural problems of primary school children among primary school teachers

H_2: There will be significant association between post test knowledge and attitude score with selected demographic variables.

A Quasi experimental one group pre test and post test design was selected for this study. It was carried out with 30 primary school teachers who fulfilled the inclusion criteria selected by simple random sampling technique. Pretest was conducted by using structured questionnaire for assessing the knowledge, rating scale for attitude level regarding selected behavioural problems of primary school children among primary school teachers followed by structured teaching programme for 45 minutes to one hour .A post test was conducted to assess the level of knowledge and attitude with the same tool used for the pre test. Collected data was analyzed by using descriptive and inferential statistics in terms of frequency percentage, mean, standard deviation and chi- square analysis.

The present study shows that majority 26 (86.67%) of primary school teachers had adequate knowledge and 4 (13.33%) of primary school teachers had moderately adequate knowledge.25 (83.33%) of primary school teachers had favourable attitude and 5 (6.67%) of primary school teachers had moderately favourable attitude on selected behavioural problems of primary school children.

The mean improvement score of knowledge was 20.17, attitude was 26.66. This shows that the structured teaching programme on selected behavioural problems of primary school children was effective.

There was a positive correlation between knowledge and attitude of primary school teachers regarding selected behavioural problems of primary school children.

The results revealed that there was a significant difference in pretest and post test scores of knowledge and attitude and there was no significant association between knowledge and attitude with demographic variables.

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